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New York

President: Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

In the absence of the President, Mr. Soburun (Mauritius), Vice-President, took the Chair.

The meeting was called to order at 6 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The Acting President: I now give the floor to Her Excellency Ms. Siti Fadilah Supari, Minister of Health of Indonesia.

Ms. Supari (Indonesia): Allow me to begin by expressing my profound appreciation for the opportunity to participate in this high-level meeting on HIV/AIDS. I am doing so on behalf of my President, who was keen to be here but, regretfully, could not because of a prior commitment.

The delegation of Indonesia would like to thank the Secretary-General for his report on the progress being made in response to HIV in different regions. Indonesia would like to emphasize at the outset its firm commitment to the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS for the attainment of the Millennium Development Goals. In addressing this issue, we align ourselves with the views expressed by Antigua and Barbuda on behalf of the Group of 77 and China.

Recognizing the grave danger HIV/AIDS represents, Indonesia has been putting safeguards in place to control and eventually stop its spread. However, for the present, even though we have a low aggregate HIV prevalence, the problem impacts many adults aged 15 to 49. Overall, as at 2006, it was estimated that 193,000 people in Indonesia were living with HIV.

Since the first case of AIDS was identified in 1987 in Indonesia, the number of infected individuals has increased annually. However, there has been an indication of accelerating growth in the last four to five years. Available data demonstrate that more than half of intravenous drug users are HIV-positive.

In response to this challenge, Indonesia has mounted a comprehensive attack on the epidemic with the primary goal of slowing and, ultimately, stopping new infections. That response includes moving towards universal access targets for prevention, care, support and treatment for people living with HIV/AIDS. Antiretroviral drugs are now available to more than 10,000 eligible people living with HIV/AIDS. Since 2004, we have been scaling up voluntary counselling and testing and increasing referral units for care and services with the aim of establishing units in every

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district by the end of 2010. There has been an increased emphasis on the education of our youth and the community at large about the disease so as to avoid the stigmatization of and discrimination against people affected by HIV/AIDS.

The strong commitment of the Government of Indonesia is stipulated by Presidential Regulation No. 75/2006, which assigns responsibilities to the National AIDS Commission.

The National HIV and AIDS Action Plan 2007-2010 provides the framework for action by the Government and its development partners through 2010. The National AIDS Commission has defined targets for the progressive achievement of universal access to HIV prevention, care, support and treatment services, as required by the 2001 Declaration of Commitment on HIV/AIDS of the special session of the General Assembly, which was reaffirmed by Indonesia in 2006.

Since then, Indonesia has made significant strides in reaching the global targets. In the coming years, the key building blocks for implementing our central-level commitment and vision are a national strategic plan for HIV, a ministerial decree ensuring free antiretroviral drugs for all people living with HIV/AIDS, and a policy on the co-infection issues between tuberculosis and HIV.

At this point, I would like to thank all our partners and donors for their strong technical and financial support.

Indonesia recognizes that the situation unfolding in the country demands more than reaction. We must position ourselves ahead of the curve of disaster to prevent it from happening. To achieve that, we look forward to the continued support of our international partners, including the United Nations system. However, the effectiveness of the United Nations system in the field would improve significantly if it were to ensure greater coherence and coordination among its agencies dealing with this challenge.

Finally, I hope and urge the forum to come up with clear recommendations and responsible commitments for the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Mantombazana Tshabalala-Msimang, Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): I stand before this gathering to represent President Thabo Mbeki of the Republic of South Africa, who unfortunately could not attend this very important meeting because of prior commitments. He sends all of us good wishes for success in our deliberations. It is therefore a great honour and privilege for me to take this opportunity to address the General Assembly at the high-level meeting on HIV/AIDS.

South Africa is committed to working with the Southern African Development Community, the African Union, the Group of 77 and China and, indeed, the international community, to ensure that we are true to the commitments we made collectively as regards universal access to prevention, treatment, care and support for persons living with HIV/AIDS.

South Africa would also like to join other Member States in expressing their appreciation for the work done by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, in the compilation of the latest report (A/62/780) of the Secretary-General regarding the implementation of our commitments. We are especially grateful for the aptness of the report's recommendations, as they highlight the critical importance of sustainable responses to the challenges posed by HIV/AIDS. In that regard, South Africa welcomes the report.

The recommendations in the Secretary-General's report should be viewed in the context of reports from countries that indicate substantial progress balanced with continuing challenges. It is indeed a balanced scorecard. The sobering reality acknowledged in the report is that there is a need for effective prevention strategies. South Africa is encouraged by the discussions on harmonization. We hope that donor and recipient countries will commit themselves to working together to develop the necessary capacities to achieve the alignment of development assistance with national priorities, policies and plans.

Since the last high-level meeting, in 2006, South Africa has intensified its country's response to HIV/AIDS in many ways. The national strategic plan was reviewed and a new one was developed; the national AIDS council has been restructured; national AIDS budgets have been increased by more than 25 per cent in each of the two years since 2006; and the prevalence of HIV among those younger than 25 years

of age has consistently decreased. We want to commend our young for applying the ABC messages, as well as for their understanding and participation in both the life skills and healthy lifestyles programmes. That has begun to translate into a decline in the national prevalence rate of HIV.

More than 480,000 people have been enrolled in the public sector antiretrovirals programme, 10 per cent of them being children. In February 2008, after critical consideration, we adopted dual therapy as part of the comprehensive package to prevent mother-to-child transmission. Seven of the country's nine provinces have started to implement that new policy; the other two provinces are expected to start soon. All of those facts are contained in the report that South Africa submitted to UNAIDS earlier this year.

Despite national and global achievements, we will continue to be concerned about the rate of new infections, as indicated in the Secretary-General's report. The situation as portrayed in the report is indeed untenable. It calls for an enhanced and sustainable response by all of us, especially the strengthening our prevention programmes.

South Africa has participated in regional and global meetings where difficult but correct questions have been posed about the parthenogenesis of HIV, the nature of the health systems that will ensure the implementation of sustainable and comprehensive programmes, the affordability of all medicines, including antiretrovirals, human resources challenges and appropriate diagnostic technologies. The current review of progress as regards combating HIV/AIDS should not only be informed by those international and regional debates within the health sector, it should also consider the current development challenges that affect the African continent and, indeed, the whole world.

In that context, we would like to refer to the acute problems of food shortages, the high cost of food, the energy crisis and the challenges of climate change that will put additional strain on budgets in the region and elsewhere. Those debates and those conditions should be considered when we talk about sustainable responses to HIV/AIDS. The bidirectional relationship between the institutional problems of poverty, underdevelopment, poor access to education and gender inequality require urgent attention if we are to meet and exceed the targets set in the Millennium Development Goals. Although 2015 is an important milestone, Africa needs long-term sustainable solutions that address the drivers of communicable and non-communicable diseases as well as trauma and violence, for better health outcomes.

The primary health-care approach in that regard, which celebrates its thirtieth anniversary this year, should be the cornerstone of our attempts to build a sustainable response to other communicable diseases — including HIV/AIDS as well as non-communicable diseases, trauma and violence. The principles on which the approach is based are as relevant today as they were in 1978, when the Alma-Ata Declaration was adopted.

South Africa continues to honour its commitments to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We acknowledge with gratitude and appreciation the assistance we continue to enjoy from cooperating partners in fighting the spread of HIV/AIDS in our country and mitigating the impact of AIDS.

We challenge the General Assembly to carefully consider the implications of knowledge gaps in basic science and their consequences for HIV vaccine and microbicide development. My delegation wishes to urge the international community to put more resources into basic science research. We also propose that more resources should be dedicated to research into affordable alternatives, such as complementary and traditional medicines and nutrition.

We are particularly concerned about inadequate drug surveillance and pharmacovigilance capacity, especially in the African region. We call upon our development partners to assist us in that regard.

While the issue of the empowerment of women has been raised in several statements and interventions, we believe that concrete recommendations together with monitoring mechanisms are needed to ensure visible action with respect to the empowerment of women and the survival of children. Similarly, children infected and affected by HIV/AIDS and other social and economic conditions appear only to be discussed in the context of orphans. We need a far more coherent dialogue, one that builds families and communities and gives hope to our youth.

In conclusion, South Africa pledges to continue to work with the international community to consider

these challenges as we look for sustainable responses and solutions.

South Africa will continue to implement its national strategic plan but also to lead and create the necessary space for debates and action on those challenges that I have just outlined and other difficult questions in our continuing quest for a better life for all.

The Acting President: I now give the floor to Her Excellency Ms. Ana Jorge, Minister of Health of Portugal.

Ms. Jorge (Portugal): It is a pleasure to be here in New York to participate in this important meeting on HIV/AIDS. The United Nations has a key role to play in the global fight against the HIV/AIDS epidemic, bringing together all the relevant actors, including Governments and civil society.

Portugal fully aligns itself with the statement to be delivered by Slovenia on behalf of the European Union.

We recognize and express our appreciation to those who have led the effort to raise awareness of HIV infection and those who deal with the health and social challenges of this epidemic. In this context, the key role played by people living with HIV/AIDS and civil society must be noted.

Portugal reaffirms its full support to the 2001 Declaration of Commitment on HIV/AIDS, as well as to the Dublin and the Bremen Declarations. We commit ourselves to achieving their goals and targets.

I would like to thank the Secretary-General for his report (A/62/780) on the progress made in the implementation to date. As the report underlines, we are still some way from reaching the goals we all have pledged to achieve. Progress in containing the epidemic is uneven, and its expansion often grows faster than the capacity of national health services.

It is in that context that Portugal strongly reaffirms the need to focus on prevention. It is important that the following critical areas are given more attention: prevention of mother-to-child transmission of HIV; young people's knowledge of HIV infection; prevention for populations most at risk; and the promotion of early diagnosis and positive prevention. Those prevention measures should be accompanied by efforts to achieve a better quality of life and improve access to comprehensive care for people living with HIV/AIDS, as well as to guarantee universal access to combined antiretroviral therapy.

Decision makers need to clearly know the magnitude of the epidemic and to monitor the impact of global, regional, national and local actions. Reliable public health data are the essential foundation for an effective response to HIV/AIDS. That demands full commitment to standard procedures for data gathering and information sharing to enable evidence-based public health policies.

Portugal has made significant progress in the fight against the infection, as a result of the priority given to AIDS in our national health plan. The policies in place to ensure universal access to HIV-related services are important elements of this plan.

Target areas and programmes of our national health strategy include sexual health and education in schools; promotion of corporate responsibility and fighting stigma and discrimination in the workplace; needle and syringe exchange programmes, recently extended to prisons, which have resulted in a clear decrease of HIV infection among drug users; and migrant health and the health rights of undocumented people.

During its presidency of the European Union, Portugal organized the first meeting of national AIDS coordinators of the twenty-seven EU member States and neighbouring countries. That meeting, which aimed at translating principles into action, called for: convergence in policies and strategies for prevention, control and treatment; sharing of information on best practices; and development of compatible monitoring methodologies.

Over the next two years, Portugal will have the presidency of the Community of Portuguese-speaking Countries, a group of eight countries with 230 million people, spanning four continents. During that time, we are committed to do our best, through multilateral and bilateral cooperation, to help that group move faster towards achieving universal access to HIV prevention, treatment, care and support.

In closing, let me emphasize that we need effective and sustainable responses to HIV and scaled-up prevention efforts that address HIV-TB co-infection, gender inequities and sexual practices. I believe that the first HIV-TB Global Leaders' Forum and this High-

level Meeting are contributing decisively to a better coordination of our efforts towards those aims and are coming as close as possible to the goals of the United Nations commitments.

The Acting President: Before I give the floor to the next speaker, let me draw attention to the fact that there are 130 names inscribed on the list of speakers. In order to accommodate them all at the high-level meeting, I strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to His Excellency, Mr. Humaid Mohammed Obaid Al Qutami, Minister of Health of the United Arab Emirates.

Mr. Al Qutami (United Arab Emirates) (*spoke in Arabic*): At the outset, on behalf of the delegation of the United Arab Emirates, I take pleasure in expressing our appreciation to the President for presiding over this important meeting. I also wish to express our gratitude to the Secretary-General and the agencies of the United Nations for their valuable efforts in addressing the HIV/AIDS epidemic throughout the world.

We are currently facing many global health challenges that are of great concern to the international community as they pose a threat to the world's health security. However, the HIV/AIDS epidemic continues to be the single greatest challenge to international efforts and the one that most seriously threatens international health security, thereby demonstrating that the efforts of the international community have not yet achieved their objectives. A cursory look at the reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) reveals that the number of people infected with the virus through December 2007 was estimated at 33.2 million, while the number of deaths from the disease was put at 2.1 million. In addition, there were an estimated 2.5 million new cases in 2007. Those figures require that we redouble our efforts, especially given that half the time specified for the attainment of the Millennium Development Goals (MDGs) has elapsed, and that the Goals emphasize the importance of implementing the HIV/AIDS commitment by 2010.

The United Arab Emirates is committed to the implementation of the 2001 Political Declaration on HIV/AIDS. We are deeply concerned about the speed with which the disease is spreading throughout the world — especially in developing countries, where it has taken the lives of millions of children, mothers and young people, resulting in the deterioration of economic and human conditions in those countries. In that regard, the United Arab Emirates would like to emphasize the importance of redoubling international and regional efforts to provide sufficient resources to enable those countries to obtain treatment drugs, implement their national strategies to combat the disease, address the effects of the epidemic and put in place prevention and support measures, especially measures focused on awareness and changes in behaviours that contribute to the transmission and spread of the disease.

Although HIV/AIDS does not pose a national health problem in the United Arab Emirates, in line with our wise leaders' belief in the importance of solidarity in international efforts to address this global problem, we stand united with all the countries of the world in combating the epidemic. In 1985, the United Arab Emirates adopted an effective national strategy to combat HIV/AIDS. It includes the provision of moral, financial, social and medical support for those infected with the disease and their families, so as to guarantee that patients receive medical treatment and to prevent complications brought about by the disease. That model has resulted in a low level of infection, as has been reflected in reports by the World Health Organization.

Our national programme includes several preventive measures, including reliance on local blood donors and using the latest technologies to screen donated blood, tissue and human organs. As a result, no cases of blood-borne transmission have been recorded in any blood centre in the country since the implementation of the programme. Moreover, a programme has been developed to screen those at highest risk of infection. There is also mandatory AIDS testing for couples planning to marry, as well as an active screening programme to detect the epidemic.

The United Arab Emirates is continuing to develop its national AIDS-prevention programme, as well as relevant laws and health regulations. We are also continuing to update protocols for multiple-drug treatment and for the protection of patients and their families and of society, in accordance with guidance provided by United Nations system organizations and other agencies dealing with human rights and providing support for the dignity and rights of patients in civil society.

In conclusion, I would like to wish this meeting full success in mobilizing the international will to strengthen the national efforts of States and of the United Nations in their endeavour to combat the epidemic and to find definitive solutions to preventing its spread throughout the world.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Safiétou Thiam, Minister of Health and Prevention of Senegal.

Ms. Thiam (Senegal) (*spoke in French*): At the outset, I should like to express my heartfelt congratulations to the President for convening this important meeting, which will allow us to assess the progress made in the fight against AIDS and to look ahead to future efforts.

This United Nations High-level meeting on HIV, which is the third of its kind in less than a decade, is a reflection of the commitment and determination of the international community to provide a strong and sustained response to the AIDS epidemic commensurate with the numerous challenges it poses.

We should first and foremost emphasize the efforts made by the Group of Eight, which has responded favourably to the appeal of leaders of developing countries by regularly increasing its contribution to the Global Fund. We also pay tribute to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsor agencies, the Global Fund and all development partners for their ongoing support to our countries and the development of other international initiatives, such as the United States President's Emergency Plan for AIDS Relief and the International Drug Purchase Facility, which attest to the G8's steadfast commitment to combat AIDS.

These efforts complement the efforts made by developing countries utilizing their own budgets and the private-sector initiatives. We should also duly commend the major involvement and advocacy of groups, the HIV-positive community and non-governmental organizations (NGOs).

Yet, although the results achieved through the strong mobilization of the international community and the significant investment made to support national efforts are encouraging, we must nevertheless note that they are still insufficient given the scope of the challenge. Indeed, together, we must conduct more sustained and more consistent action if we wish to put an end to the negative impact of this epidemic on the productivity and the health of the populations of developing countries, which suffer under the triple burden of increased oil prices, a falling dollar and high prices for basic foodstuffs.

The midterm review of the United Nations Declaration of Commitment on HIV/AIDS of 2006 and the actions directed towards providing universal access to HIV/AIDS services by 2010 show that significant progress has been made in the different countries. However, we much recognize that Africa remains the continent most deeply affected and that progress made remains insufficient. For this reason and many others, Africa still needs international solidarity to reach this goal of universal access by 2010.

The concept of universal access to health care was first raised in 1977 during the thirtieth session of the World Health Assembly, which stated at the time that the year 2000 was the deadline for achieving health for all. The concept of universal access was then adopted in 1978 by the International Conference on Primary Health Care, which defined the notion of universal access to health care for individuals and families.

We note that, 20 years after this decisive turning point, the HIV pandemic has severely compromised the possibility of achieving these goals of universal access to health-care services. Africa, the most grievously affected continent, is subjected to the cruel effects of the HIV epidemic, which has moreover underlined the weaknesses of its health systems.

In Senegal, despite the lasting success that has built up over 20 years, the actors in the fight against AIDS are aware of the fact that HIV responses must be sustained. The acceleration of programmes and the quality of interventions must be strengthened, which will allow us to improve access for the whole population to prevention, care and quality treatment.

Mobilization continues under the leadership of His Excellency Mr. Abdoulaye Wade, President of the Republic, who was the first African head of State to declare, in 2003, that access to antiretroviral therapy would be free of charge. His lead was followed by a number of countries, and the health of persons living with HIV improved as a result. The response to HIV is becoming increasingly ambitious, by both attempting to preserve what has been achieved and extending the scope of actions and improving their quality. It is a

question of effectively preventing new infections among the most vulnerable population groups, of keeping the prevalence of HIV at a low level — less than 1 per cent — and of improving the quality of life of HIV-positive people and their families.

Our country's performance in responding to HIV was honoured in 1997 by the Joint United Nations Programme on HIV/AIDS (UNAIDS), for being in the category of countries with the best AIDS programmes in Africa, and it was recently recognized by the World Bank in 2007 in Rwanda and in 2008 in Madagascar.

A new generation of adolescents and young people has grown up in the past 10 years. The appeal launched by President Wade in 2001 in a statement prepared for the twenty-sixth special session of the General Assembly of the United Nations devoted to HIV/AIDS remains relevant today:

> "Millions of men and women living with AIDS ... will not be satisfied with mere declarations of intent. Only urgent and concrete measures, sustained by the deployment of considerable resources, could bring about a light of hope in our common fight against this evil that, indifferent to geographical borders and social barriers, calls out to all of us, rich or poor".

Africa, the continent most affected by HIV, must step up the mobilization of all its internal and external resources to confront social, economic, medical and institutional realities to ensure that universal access to prevention, care and treatment of HIV/AIDS is achieved.

We must therefore work together so that this High-level meeting will give rise to concrete and decisive acts to safeguard future and present generations.

The Acting President: I now give the floor to His Excellency Mr. Faisal Bin Yaqoub Al-Hamr, Minister of Health of Bahrain.

Mr. Al-Hamr (Bahrain) (*spoke in Arabic*): It is both an honour and a privilege for me to head the delegation of the Kingdom of Bahrain at the direction of His Majesty King Hamad bin Isa Al-Khalifa, King of Bahrain, and of His Highness Shaikh Khalif bin Salman Al-Khalifa, our Prime Minister, and to address this High-level meeting.

This meeting reflects the desire of world leaders to extend a helping hand to their citizens and to defend them against disease, especially the deadly HIV/AIDS. Assembling here gives the proceedings more prestige and encourages us to exert greater efforts and to give more of ourselves.

In talking about AIDS, I will at times refer to the experience of the Kingdom of Bahrain.

Over 30 million people have been struck by this epidemic, and every day 14,000 people join the ranks of the sick, 95 per cent of whom are citizens of poor countries. Almost 25 million human beings have died of AIDS since it was discovered. On a daily basis, this disease to which the United Nations has dedicated this global meeting infects 6,000 boys and girls, and it quickly destroys the lives of children — a child a minute — while a man or a woman dies every 15 seconds. Despite all our efforts, we have not managed to lessen the blow. The proof is that fewer than 5 per cent of children infected with this disease receive medicine, while fewer than 10 per cent of infected pregnant women receive treatment.

Today we meet as leaders and representatives of the world's nations, heeding the call of the United Nations slogan made on World AIDS Day, 1 December 2007: "Leaders, stop AIDS. Keep the Promise". We in the Kingdom of Bahrain fully understand the importance of this slogan. All branches of the Government and the civil society and its institutions are well aware of the slogan at both the personal level and the field level and take it seriously, leadership being considered crucial in the struggle against this epidemic.

The Government of the Kingdom of Bahrain, in the person of His Majesty the King, his Royal Highness the Prime Minister and His Highness the Heir Apparent follow the directions of the Ministry of Health and its programmes to combat AIDS and take care to bolster those efforts. Moreover, attention is given to ensuring that young men receive appropriate education about the disease and that they participate in preventive action against this deadly epidemic. We also give attention to young people as they engage in different activities.

The Government enlists the help of civil society organizations as an engine of progress. At the head of those organizations is the National Committee to Combat AIDS, which has intensified its cooperation

with the UNICEF Gulf Area Office. Moreover, the category of young people has been chosen to be the focus of attention for the future since young people represent a high-risk group for HIV/AIDS. Therefore, campaigns to raise awareness are held in places where young people gather, such as civil associations, and religious celebrations, on the grounds that young men and women have the right to receive information on how to protect themselves from this disease.

Along with the National HIV/AIDS Committee, other organizations also contribute to the efforts, including the Bahraini Red Crescent and the Bahraini Committee on Reproductive Health and Family Planning. One of the most important services they provide is care for those infected with HIV/AIDS in order to put a stop to the discrimination that is practised against them. They also provide the means to combat sexually transmitted diseases and to lessen the risk of drug addiction.

Even though the spread of HIV/AIDS is quite limited in Bahrain compared to the rest of the world, the country's political leadership, as well as its religious, social and cultural figures, have given close attention to the health, social and economic aspects of the problem, because AIDS has national, regional and international repercussions and dimensions. It also requires vigilance, attention, participation and support on the local and universal levels. Indeed, the most important element for success in confronting this danger that is lying in wait for individuals, families and societies is a unified national commitment. By this I mean a commitment on the part of political leaders, as well as influential persons, who should dedicate some of their authority, capabilities and resources to the noble goal of dealing with HIV/AIDS.

National efforts must not be limited to a general raising of awareness through the traditional mass media. Rather, we need a vision that is more realistic and more intelligent and places more focus on the groups that are at high risk for HIV/AIDS. Moreover, efforts to protect the young generations from infection must include the preparation and teaching of school curricula on the prevention of the transmission of HIV/AIDS that are attuned to cultural, religious and spiritual values of the recipients and are understandable even for the illiterate.

Bahrain calls on the United Nations and its Members to launch universal action in combating another scourge that is no less important and that may be among the main causes of the spread of the disease and its repercussions, namely poverty and unemployment. Today, that scourge is accompanied by a rise in the prices of basic foodstuffs, which, we believe, is the reason for the spread of the various forms of violence and organized crime and their accompanying dangers.

In the Kingdom of Bahrain we are working diligently to put a stop to the dangerous and fatal virus. In cooperation with UNDP, we carried out a field survey to collect data on social trends and HIV/AIDS-related behaviour in three target groups: pregnant women, young men and women, and intravenous drug-users. After analysing the results, we formulated a practical media programme to correct misperceptions regarding means of infection and transmission, to do away with the stigma of HIV/AIDS and discrimination against its sufferers and to give the latter the attention they deserve, integrating them into society and to ensuring their participation in various plans and programmes. We also conducted workshops for religious leaders on the theme "Religion and the service of humankind" in cooperation and coordination with several Government ministries whose expertise was relevant. We then launched a series of lectures and seminars via religious podiums, the Government and private schools.

With respect to the medium term, the Ministry of Health has adopted a joint strategy whose theme is "Bahrain free of HIV/AIDS". The strategy continues until 2012 with the participation and coordination of public and private sectors and is integrated with all other policies to combat HIV/AIDS and strengthen preventive health care.

Since the 2001 special session of the General Assembly, the Kingdom of Bahrain has been committed to combating HIV/AIDS through an effective programme of action to stem the spread of that disease. In 2004, a national committee to combat HIV/AIDS comprising representatives from several sectors was established by decision of the Cabinet. The number of AIDS cases in Bahrain has been estimated at around 1,000, according to the statistics of a joint Health Ministry/UNDP programme.

Moreover, Bahrain has a unit where voluntary testing is conducted in complete confidentiality. It targets high-risk groups in particular, especially drug

addicts, since approximately 70 per cent of the HIV/AIDS cases are caused by intravenous drug use. A study of the behaviour of drug addicts has shown that 80 per cent of them have access to sterilized needles, yet 70 per cent of them prefer to share needles. The Kingdom of Bahrain considers this behaviour a challenge and aims to change it. The Ministry of Health is offering free treatment and providing antiretroviral drugs that meet WHO standards. Moreover, it follows up those cases with advice on contagious diseases, while offering psychological and psychiatric follow-up to those with HIV/AIDS and their families through specialized personnel.

I do not need to remind you that approximately 30 million people are living with the Damocles' sword of HIV/AIDS suspended over their heads, a fact that requires action rather than words. Those people must enjoy their human rights, and those rights must be implemented. I apologize if I prolong my speech but this issue is of great importance not just at the national or regional level, but also at the international and global levels. Commitment and playing a role model are important elements in combating HIV/AIDS.

I close by saying the following. If the United Nations cannot put a stop to smoking in the halls of this building, where no smoking is allowed, how are we to solve the HIV/AIDS problem together?

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Sagaré Maimouna Bah, Minister for Public Health of Guinea.

Ms. Bah (Guinea) (*spoke in French*): I would like to thank the President for convening this meeting, which reflects the resolve and determination of the international community to do what is needed in the fight against HIV/AIDS. I convey to all present the greetings of His Excellency Le Général Lansana Conté, the President of the Republic of Guinea, and his Government, for whom our shared struggle is a priority concern.

My delegation supports the statement made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, and the statements to be made by the representatives of Egypt, on behalf of the African States, and of Bangladesh, on behalf of the least developed countries.

By adopting the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, the international community clearly renewed its resolve to meet the time-bound goals and targets agreed upon in 2001 and to move towards the goal of achieving universal access to prevention, treatment, care and support in the field of HIV/AIDS by 2010. In taking stock, in the course of our work, of the progress achieved before 2010, we once again reiterate our concerns, given the multiple consequences of HIV/AIDS, as well as our resolve to eradicate those consequences.

In that regard, my delegation welcomes the comprehensive report of the Secretary-General and supports the recommendations contained in it. The progress achieved is without a doubt significant, but we must redouble our efforts at the local, national, subregional, regional and international levels in a coordinated and complementary framework that includes the various stakeholders involved in the fight against this disease.

In that context, it is a pleasure to inform you that the various national surveys carried out in my country have shown that, among the general population, HIV prevalence fell from 2.8 per cent in 2001 to 1.5 per cent in 2005. Nevertheless, certain variations persist in relation with specific demographic characteristics. In terms of gender, we have seen a feminization of HIV infection, with a level of HIV prevalence of 1.9 per cent among women aged 15 to 49, as compared to 0.9 per cent among men in the same age group. The level of HIV prevalence in urban environments, 2.4 per cent, is higher than in rural environments, where it is 1 per cent.

Starting in 2002, our Government has waged a multisectoral fight against the HIV/AIDS epidemic. In line with that vision, the country launched a planning process, which resulted in the development of the first national strategic framework, covering the period 2003 to 2007. That framework lays out the key lines of action in the fields of HIV prevention, the provision of medical and psychosocial care, the reduction of socio-economic impacts and the institutional framework and governance for the national response. The results of the implementation of that project are contained in the April 2008 report submitted by our Government.

I would therefore like to underscore the following: the creation of an HIV/AIDS chair at the medical faculty of the University of Conakry; the effective insertion of HIV/AIDS education in school

and university curricula; the enactment of laws on the prevention, treatment and monitoring of HIV; the free provision of antiretroviral drugs and biological monitoring as of 2007; the enrolment of 6,850 orphans and vulnerable children in school and the provision of food support to 2005 HIV-affected households; the Government's full support for networks and associations for people living with HIV/AIDS; and the efforts to address the issue of HIV/tuberculosis co-infection in terms of diagnostics and treatment.

In order to deal with existing shortcomings and build on the gains made, the Government has developed a new strategic framework for the period from 2008 to 2012, which strengthens the partnership, coordination and guiding principles of the "Three Ones". That has resulted in a greater involvement of local communities, the private sector, non-governmental organizations and civil society.

I take this opportunity to thank our bilateral and multilateral partners, who have continued, throughout, to support us in the implementation of our development programmes, in particular the Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the World Health Organization, UNICEF and UNDP. We would like to encourage the United Nations system to continue and extend its joint programme to re-launch local economic and social development efforts in the Guinea Forest Region.

Mr. Reina Idiaquez (Honduras), Vice-President, took the Chair.

Two years from the target date that has been set to achieve the objective of universal access, and halfway towards the deadline established for the achievement of the Millennium Development Goals, without a doubt, reinforcing the health system, promoting scientific research, mobilizing appropriate financial resources and ensuring access to medicine are all indispensable efforts in order to meet the objectives that we have set ourselves. In that regard, I would like to launch a heartfelt appeal to all of our partners to lend their full support to this joint struggle against the HIV/AIDS pandemic. In that context, I can assure you that the Government of Guinea will do everything possible to fulfil its commitments. I harbour the hope that this meeting will lead to concrete results, allowing us to achieve our aims.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Saleh Meki, Minister of Health of Eritrea.

Mr. Meki (Eritrea): Allow me at the outset to thank the President, on behalf of the Eritrean delegation, for convening this high-level review meeting on HIV/AIDS.

Eight years ago, world representatives convened in this Hall to address one of the most serious threats to human well-being, that is, the spread of HIV/AIDS throughout the globe and its devastating consequences for all affected communities. The challenges we faced seemed insurmountable and our resources were limited. Nevertheless, the determination to meet the challenge was palpable, and most significant of all was the will to work collectively and join the common cause, which gave us hope for a successful outcome in line with our ideals.

Eight years later, I believe, we can look back with a sense of accomplishment with respect to the arduous task of at least having controlled the spread of the disease, increased awareness among probable victims and strengthened the involvement of the community, both in the prevention of the disease and in fighting stigma and discrimination. Most important of all, a significant number of those affected are being provided with the required treatment, thus making it possible for them to lead a productive life.

Obviously, those real accomplishments should not overshadow the failures we have witnessed and the future challenges we face. They are considerable in number and difficult in their nature. Some were failures of strategic planning in meeting unforeseen developments. Others were failures in vision, and many were the inevitable weaknesses resulting from having undertaken new major endeavours with little or no experience to guide our activities.

But that is to be expected. A new action-oriented objective, global in scope, inclusive by definition and essentially based in changing human behaviour for efficacy and a positive outcome, required monumental strategic reorientation, considerable resources, significant sacrifices by those involved and a coordination capacity as never before attempted in our experience. The surprise is how much we accomplished in the face of such obstacles.

There were several advantages, however, that made a difference in the eventual positive outcome, and two in particular: first, political will on the part of the affected — mainly developing — countries; and secondly, an unexpected desire and will on the part of our major partners to assist with and finance the considerable cost of the programmes. That combination made the satisfactory outcome possible.

Therefore, in taking stock of the recent past and the experience gained in the learning curve, the next phase of our planning ought to take the following areas into consideration: first, assuring the continuity of the salient factors that have helped make our efforts worthy of the cause thus far; secondly, central positioning of all civil society, especially those affected by the disease, in the planning and implementation of our programmes; and, thirdly, encouraging our partners to continue playing a positive role in our future endeavours, as they have done in the past.

It is my delegation's fervent hope that this gathering will help us to employ our collective wisdom and combine our resources to support each other in combating the menace that has threatened human society. It is in that spirit that Eritrea contributes to this review conference and commits itself to doing its part to make our endeavour successful.

As has been noted by several speakers before me, the global HIV situation demands of all of us that we make every possible effort to combat and control the most pressing health issue ever encountered by humanity. If we succeed in controlling this killer disease — and succeed we must — we will have met the monumental challenge that faces our health services organizations and, more important, we will have a great impact on our efforts to provide for the well-being of all our people.

From this perspective, with regard to the epidemic, Eritrea's situation is still controllable, which strengthens our believe that concerted joint efforts will result in the successful mitigation of tragic events and in real hope for all of us who are at risk.

In Eritrea, the estimated current national rate of infection is about 1.3 per cent. Aware of this statistic, and because of the dangers posed by this disease as well as all its social and economic consequences, the Government of Eritrea, through its Ministry of Health, has taken a leadership role and made a strong commitment to addressing this challenge with all the resources at its disposal. In the past 10 years, the Government implemented an effective national policy on AIDS, established multisectoral selective and technical committees, and requested its partners in development to assist it in all its various approaches to controlling this real threat to the Eritrean people.

As a result, for example, the prevalence of HIV among antenatal patients who participated in the urban and rural sentinel surveillance sites has been reduced from 3 per cent in 1999 to 2.8 per cent in 2001, to 2.41 per cent in 2003, to 2.38 per cent in 2005 and 1.3 per cent in 2007. This trend shows that the country has been able to control the epidemic. These results have been achieved because the Government of Eritrea, through its multisectoral efforts, has succeeded in mobilizing financial and human resources for a national response to HIV/AIDS during the last 17 years.

As these activities have been implemented, the response of the public, the Government and multilateral institutions, has been very encouraging. In particular, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations agencies involved in the programme, in addition to our bilateral partners, have played crucial part in the process. We thank them all for this effort.

The guiding principles for the fight against the epidemic in Eritrea include a multisectoral approach, evidence-driven and results-based priorities, targeting vulnerable groups and linkage with national and international principles and guidelines.

In conclusion, as one perceptive commentator succinctly put it, "the history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer". We have benefited and will continue to benefit from our collective wisdom at this High-level meeting. It must be the goal of the international community to implement the Declaration of Commitment on HIV/AIDS and to follow up the decisions of this Assembly with unified action.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Walter Gwenigale, Minister of Health and Social Welfare of Liberia.

Mr. Gwenigale (Liberia): I bring the Assembly greetings from Her Excellency President Ellen Johnson-Sirleaf, the Government and the people of the

Republic of Liberia. I thank the Secretary-General for organizing this very important High-level meeting that is devoted to reviewing our joint progress towards the goals of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

My delegation is aware that this meeting is taking place at a very crucial time. Two years from now, the world community will be taking stock of our response to the challenge of attaining universal access to prevention, treatment, care and support for victims of the HIV/AIDS epidemic. My delegation is here to report on Liberia's progress in accelerating our national response to HIV/AIDS.

In responding to this epidemic, Liberia's vision remains one of creating an AIDS-free society and, by extension, creating a global community of societies free of AIDS. Each of us here today faces the challenge of HIV/AIDS in our own countries. Our collective vision of a world liberated from the scourge of HIV/AIDS brings us all together to provide the leadership needed to defeat this global menace.

The global battle against AIDS is a major challenge for all of us. Recognizing the magnitude of this battle, we need to launch a major HIV prevention programme, not only targeting our young people, but also serving, in particular, the needs of women, who continue to bear a disproportionate burden of the disease in Liberia and globally.

Liberia has begun a process of recovery after 14 years of a brutal civil war. In 2005, Ellen Johnson-Sirleaf became the first woman to be elected head of State of a country on the African continent. Through her leadership, substantial progress is being made with legislative, judicial and economic reforms, and with the restoration of basic services, including health-care services.

Despite the optimism generated by the election of President Sirleaf, the Government of Liberia faces serious social challenges today. Liberia's health services were completely disrupted by the conflict. Ninety per cent of our doctors, nurses and other health professionals left the country during the war. Hospitals were looted or were completely burned down. During the civil war we were simply unable to respond to HIV/AIDS. Since the end of the conflict, however, we have restructured and expanded the activities of the National AIDS Control Programme, and President Ellen Johnson-Sirleaf herself holds the chair of the National AIDS Commission.

Data collection for the purposes of determining the prevalence of HIV/AIDS in Liberia has been intensified. There are substantial differences between two principal surveys. The 2007 demographic and health survey found an HIV prevalence rate of 1.5 per cent with a higher prevalence rate among women than in men. The same survey found HIV prevalence at the rate of 2.5 per cent in the capital city of Monrovia and in certain areas in south-eastern part of the country.

Two antenatal care surveys have also been conducted recently. The HIV prevalence in the 2006 antenatal care survey was 5.7 per cent among pregnant women in the urban areas. Data from the 2007 antenatal care survey shows a relatively similar prevalence rate of 5.4 per cent. The surveys also indicate that the area in the south-eastern and the eastern part of the country have much higher prevalence rates — 7.4 per cent — than the rest of the country.

We continue to face serious challenges, including scaling up prevention programmes, expanding access to treatment, reducing the impact on orphans and other children made vulnerable by AIDS and addressing the challenge of rape of our young women, whose lives are forever changed by the trauma and by the likelihood of being infected with HIV.

Working towards those goals with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have strengthened our national response to HIV/AIDS and have placed almost 2,000 persons living with HIV/AIDS in treatment. Liberia's full report to this Assembly contains the efforts we have made and the successes we have achieved.

Under the leadership of President Ellen Johnson-Sirleaf, Liberia reaffirms its commitment and resolve to fight HIV/AIDS. To succeed, we must also address poverty and illiteracy and must bring about the improvement of our health care system. We are doing this through our national health policy and plan and the implementation mechanism entitled "Basic Package of Health Services". We firmly believe that these actions will contribute to making life better for our people.

Before concluding, I want to give special thanks to the United Nations for the efforts of the United Nations Mission in Liberia (UNMIL). We could not

have achieved the successes we have achieved if we had not had peace — which has been made possible by the presence of UNMIL in Liberia, for which we remain grateful to the United Nations.

We thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for the financial support it has provided. We also thank all the United Nations agencies and the Clinton Foundation for their technical support in using these funds.

We will continue to count on the leadership of everyone here and their countries to help us sustain the gains we have made and to confront and overcome the threat that HIV/AIDS poses to our aspirations for national development.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Maret Maripuu, Minister of Social Affairs of Estonia.

Ms. Maripuu (Estonia): We are meeting only two years before the deadline that we Member States set to achieve universal access to HIV prevention, treatment, care and support.

However, as the Secretary-General's report (A/62/780) shows, the epidemic is expanding in some areas faster than we are able to combat it. HIV causes an increasing humanitarian and economic burden on countries. The whole world is working towards achieving the Millennium Development Goals, and the results depend to a large extent on how successful we are in fighting against HIV. Estonia is contributing to this fight through the activities of the European Commission and through support to the United Nations family.

Estonia is a country with a relatively high rate of HIV-positive people. Last year, 470 new cases per 1 million inhabitants were diagnosed. Our main risk group is injecting drug users. Still, it is an issue that affects the whole of society — and that also needs the efforts of the whole of society to fight it.

Estonia has compiled a broad-based strategy to achieve a sustainable reduction in the spread of HIV with clear national targets to be achieved by 2015. The strategy, which is fully in line with the commitments set out in the 2001 Declaration of Commitment on HIV/AIDS, unites the efforts of the governmental, municipal and non-governmental sectors in order to take effective actions.

For four years, Estonia had the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This helped to expand considerably evidence-based prevention interventions and to cover expenses related to the increasing need of antiretroviral drugs. The Estonian Government has now fully taken over these financial responsibilities.

Two months ago, the World Health Organization (WHO) and the United Nations Office on Drugs and Crime evaluated Estonia's progress in fighting HIV. Results show that we have been able to slow down a little the spread of the disease among our main risk group, injecting drug users, who are mostly men in their best working years. This proves that our commitment to follow the national strategy to fight HIV and to be consistent in prevention, syringe replacement, substitution treatments and providing free access to health care is the right way ahead.

However, much more needs to be done to fight the spread of HIV. The focus of our national response will continue to be on providing systematic health education for young people, teaching them how to protect themselves from the virus and live a healthy sexual life. Our challenge is to continue providing necessary harm reduction services, treatment and care. We need to guarantee access to medical services and antiretroviral therapy for those infected today and in the years to come. We also need to make sure that the services, once started, will continue, be of good quality and be able to respond to specific needs.

Estonia is committed to continue its prevention activities and provide access to the best available antiretroviral treatment for our patients. Our experience in providing treatment, care and counselling to all people with HIV has proved to be very effective also in regard to reducing mother-to-child transmission of HIV.

We need to unite our strengths to be successful in prevention and effective in working with the groups at risk by providing the help and programmes they need. We need to guarantee access to professional health care and affordable medication for those who are infected. And we need to be consistent in our efforts.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Oumar Ibrahima Touré, Minister of Health of Mali.

Mr. Touré (Mali) (*spoke in French*): I wish at the outset to convey the regrets of His Excellency Mr. Amadou Toumani Touré, President of the Republic of Mali, who owing to a particularly heavy national agenda, is unable to be with us today at this important high-level meeting on HIV/AIDS. He has asked me to convey to the Assembly his best wishes for success and to read out the following message.

"At the outset, I thank all those who, in one way or another, have committed themselves to the fight against the HIV/AIDS pandemic. I wish in particular to thank Secretary-General Ban Ki-moon and, through him, the entire United Nations system for their tireless efforts in the fight against HIV/AIDS.

"We in Mali consider that HIV/AIDS is not only a major obstacle to development but also one of the greatest threats to the survival of humankind and to international security. The AIDS pandemic jeopardizes the economic and social development and the security of our countries, which have already been weakened by existential problems of access to basic essential services. In Africa in particular, the HIV/AIDS situation demands action from us at the highest level, as African leaders. It should also demand action from the international community for humanistic reasons and reasons of solidarity and interdependence.

"With a prevalence rate of 1.3 per cent, my country remains concerned about the pandemic. In that connection, Mali is party to the 2001 Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases, the 2006 Abuja Declaration, the Brazzaville Commitment on scaling up towards universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010, and the Lomé Declaration on HIV/AIDS in Africa.

"To meet our commitments, we have undertaken a vast multisectoral programme of institutional and operational reform. It requires all sectors, including the public and private sectors and civil society, to become better organized, to better manage their activities in the fight against AIDS, to produce results and to be accountable to the nation. Based on the Three Ones principles, our fight against HIV/AIDS is structured around a single coordination body chaired by the head of State. This has enabled us to achieve significant results, including: the adoption of a national policy statement making treatment free of charge; the June 2006 adoption of a law on prevention, treatment and control of HIV/AIDS; antiretroviral treatment for more than 60 per cent of patients, that is 16,609 out of 28,000 individuals; and a reduction in the prevalence rate from 1.7 per cent to 1.3 per cent between 2001 and 2006, as reflected in the most recent edition, the fourth, of our demographic and health survey.

"In the African Union framework, the observatory of heads of State established to combat this scourge has mandated me to engage in continent-wide advocacy among my African counterparts to expedite universal access to prevention, care and treatment, as well as to work with civil society and the private sector. In December 2007, therefore, I appealed to all African heads of State to achieve these results in the context of this partnership.

"Mali is aware of its responsibilities in achieving its goals in the fight against HIV. Our overall objective is to achieve universal access by 2010. To attain that objective, various strategies have been developed and implemented with the support of the international community, which I commend and sincerely thank for its unwavering support.

"In spite of the many difficulties besetting our countries today, the fight against HIV/AIDS must remain a priority. We must therefore maintain the momentum that has enabled us to mobilize significant resources and achieve tangible results.

"We must bear in mind that the target dates for the achievement of the Millennium Development Goals require accelerated action in research and development and in strengthening the role of civil society, people living with HIV/AIDS and the private sector. Here, strengthened partnerships are essential for mobilizing the additional resources that are needed. We should therefore take the opportunity offered by the International Health Partnership to

build positive synergy among the world's health systems and international initiatives.

"For those reasons, we look forward with interest to the operational conclusions that will come out of this meeting."

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency The Honourable Richard Nchabi Kamwi, Minister of Health and Social Services of Namibia.

Mr. Kamwi (Namibia): My delegation aligns itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, by the representative of Egypt on behalf of the African Group and by the representative of Zambia on behalf of the Southern African Development Community.

It is indeed a great honour for me to address the Assembly. We meet here to review the progress made over the past two years following the previous high-level meeting on this subject, in 2006. In that regard, we thank the Secretary-General for his report (A/62/780). Furthermore, it is our expectation that we will leave this meeting with an enhanced understanding, a further defined set of priorities and a robust framework for action that will strengthen our collective response in the fight against the HIV/AIDS pandemic.

Namibia has made significant progress in achieving the goals delineated in the 2001 Declaration of Commitment on HIV/AIDS. My country's socio-economic development strategic plan, entitled "Namibia Vision 2030", regards HIV/AIDS as the most serious threat facing the country. Therefore, "Vision 2030" highlights the need to mainstream the HIV/AIDS programme as a catalyst for our development challenges. Recognizing the national importance of mainstreaming HIV/AIDS responses, I am pleased to report that the national policy on HIV/AIDS, which serves as a guiding framework for coherent and sustained efforts in the fight against HIV/AIDS, was approved by our parliament in March 2007.

Namibia is estimated to have 202,000 people living with HIV/AIDS, of which around 65,000 are in need of antiretroviral therapy. Through sustained and united efforts, there are currently 47,963 people receiving antiretroviral therapy. This translates into Namibia having been able to reach out to, and provide antiretroviral treatment for, over 77 per cent of those in need.

I confirm Namibia's sustained commitment to universal access. Allow me to state clearly that we will continue to work hard to ensure that by the next meeting of this kind, Namibia will have reached universal access targets for its population.

In terms of HIV prevalence, recent surveys carried out over the past several years indicate that the epidemic is stabilizing in Namibia. As regards antiretroviral prophylaxis in the prevention of HIV through mother-to-child infection, I am pleased to report that, countrywide, more than 93 per cent of babies born to HIV-positive mothers are receiving antiretroviral prophylaxis.

With those advances, the focus for Namibia is now on prevention. The aim is to reduce the incidence of new HIV infections by paying particular attention to young people, creating awareness and reducing stigma and discrimination.

This progress has been made notwithstanding major challenges and setbacks. Most pressing among them is tuberculosis-HIV co-infection. Compounding the situation is the increasing number of cases of multi-drug resistant and extremely drug resistant tuberculosis.

In order to address these challenges as we strive to curb the spread of HIV/AIDS and to mitigate its effects, Namibia has intensified its interactions with all stakeholders in HIV programming. At the national level, the Government of the Republic of Namibia continues to increase financial resources for health sector programmes, which include HIV/AIDS, tuberculosis and malaria. At the international level Namibia receives substantial support from sources such as the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the implementation level, we continue to engage in teamwork with our partners from bilateral and multilateral organizations, the private sector and civil society, including people living with HIV/AIDS as key stakeholders.

In conclusion, the Namibian Government remains committed to providing political leadership and creating a conducive environment free of intimidation

and discrimination and with full respect for human rights in the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Nilcéa Freire, Minister of the Special Secretariat of Policies for Women of Brazil.

Ms. Freire (Brazil): In the context of the commemorations of the sixtieth anniversary of the Universal Declaration on Human Rights, I wish to reaffirm Brazil's commitment to fight HIV/AIDS by taking fully on board the promotion and protection of human rights for all.

I am here, along with a delegation from the Ministry of Health, chaired by Dr. Mariangela Simão, director of the national programme on sexually transmitted diseases and AIDS, and from the Ministry of Foreign Affairs, chaired by Ambassador Maria Luiza Viotti, our Permanent Representative to the United Nations, along with representatives from Brazil's civil society and its parliament.

The Brazilian response to AIDS is integrated and comprehensive. It harmonizes health promotion, prevention and care, based on the principles of the national health system. Our response proved to be sustainable, renewable and in line with the epidemiological and social dynamics of AIDS, by innovating and scaling up actions aimed at preventing new infections and providing integral and universal care for people living with AIDS.

Since we last met, in 2006, the international community has taken important steps to overcome barriers that impede access to good quality antiretroviral drugs and laboratory supplies. However, plenty of work remains to be done. According to the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS), only 30 per cent of patients in need worldwide receive treatment.

One of the actions taken by Brazil in order to ensure universal access was the compulsory licensing of an antiretroviral drug in 2007, allowing the Government to buy a generic version of that drug. Our aim is to ensure the long-term sustainability of the universal access policy and to provide access to third-line drugs for those in need. Each dollar of the 30-million saved is crucial to save more lives in Brazil and other parts of the world. That action was in line with the international agreements on trade, the Doha Declaration on the Trade-Related Intellectual Property Rights Agreement and Public Health, and Brazil's national legislation.

As a major step forward in relation to the Doha Declaration, let me take this opportunity to mention the adoption of the Global Strategy on Public Health, Innovation and Intellectual Property during the latest World Health Assembly. Member States mandated the WHO to play a strategic and central role in the relationship between public health, innovation and intellectual property. As Dr. Margaret Chan has stated,

> "This is a major breakthrough for public health that will benefit many millions of people for many years to come. This is a contribution to fairness in health and this is pro-active public health at its very best".

Affordability of drugs and other supplies remains a major challenge for most developing countries. In order to address that issue, Brazil and France, together with Chile, Norway and the United Kingdom, launched the International Drug Purchase Facility (UNITAID) in September 2006. So far, the Facility has gathered around $300 million, supporting countries to purchase drugs for second-line treatment for HIV infection, tuberculosis and malaria. Moreover, UNITAID is supporting the WHO pre-qualification process, in order to accelerate the entry into the market of good-quality and safe generic drugs for those three diseases.

I also wish to stress the importance of promoting condom use in any HIV prevention policy, which, combined with other strategies, is crucial to decrease rates of HIV transmission. I am convinced that one of the reasons Brazil has managed to stabilize the epidemic is the significant increase in the use of male condoms, not only among more vulnerable groups, but also among the general population. Brazil bought recently 1 billion male condoms for public distribution. This year, we are also buying 6 million female condoms to distribute among specific groups, including sex workers and women who are subjected to sexual or domestic violence. In our experience, other prevention strategies based on moral values, such as abstinence and fidelity, should remain individual choices, not the basis of public health policies.

AIDS still remains the leading infectious-disease challenge in public health. Therefore, it must continue to be addressed in conjunction with efforts to strengthen health systems in the long run. The specific

characteristics of the epidemics require appropriate resources, as its potential to overburden health systems is enormous.

We must also acknowledge that addressing AIDS goes beyond the health sector. In Brazil, the fight against AIDS is a common effort that involves the various sectors of the Government, civil society organizations, universities, the private sector, United Nations agencies and bilateral partners.

In that connection, in March 2007 President Lula launched a national plan to tackle the feminization of AIDS and other sexually transmitted infections, a joint initiative between the Special Secretariat of Policies for Women and the Ministry of Health, with the support of the United Nations Population Fund, the United Nations Children's Fund, the United Nations Development Fund for Women and Brazilian civil society organizations.

That plan focuses on the issues that contribute to women's increased vulnerability to HIV and other STIs. Domestic and sexual violence against women and girls, like stigma and discrimination based on race and sexual orientation, are true expressions of inequality. They can only be dealt with by incorporating a gender perspective, in particular the promotion and protection of sexual and reproductive rights, in the political agenda.

Another important priority is the fight against the epidemic among gay men, men who have sex with men and transgender persons. I have the honour to announce that last week President Lula launched the first national conference for lesbian, gay, bisexual and transgender people, as part of an integrated governmental programme called "Brazil without homophobia". The conference brought together civil society and Government representatives to discuss pragmatic approaches to reduce the different vulnerabilities that affect the population, including strategies with a view to adopting a law that criminalizes homophobia.

To take advantage of the political momentum generated by this special session, our Governments should commit to protecting the human rights of vulnerable groups and increasing access to information, prevention, treatment and care.

In concluding, let me say that we, our Governments, the United Nations agencies, civil society, the private sector, and the affected communities must tackle structural changes and, at the same time, address needs for treatment, social inclusion and prevention strategies, including for vulnerable groups. I would like to express our appreciation for the role UNAIDS is playing in helping to focus United Nations efforts on strengthening national responses to fight the epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Jean-Jacques Campana, Minister of Social Affairs and Health of Monaco.

Mr. Campana (Monaco) (*spoke in French*): The Principality of Monaco has placed the fight against the HIV/AIDS pandemic and the support to persons living with the virus at the core of its health policy and its international cooperation actions.

In so doing, its efforts and the attention it draws have been amplified by the personal commitment of our head of State's sister, Her Serene Highness Princess Stéphanie, Special Representative of the Joint United Nations Programme on HIV/AIDS (UNAIDS), who in her capacity as Chairperson of Fight AIDS Monaco leads the fight in the field for access to treatment, prevention and care for persons living with HIV/AIDS. It is in her name that I am delivering the message of the Government of the Principality, a message which contains a measure of hope and expresses some serious concerns.

The measure of hope is clearly linked to the progress achieved over the past few years, particularly since the adoption of the Political Declaration on HIV/AIDS of 2006, specifically with respect to access to care, distribution of antiretroviral treatment and financing of HIV programmes.

Even though progress has remained insufficient and very uneven, it nevertheless demonstrates that sustainable and long-term mobilization is the only appropriate response to the countless individual sufferings which keep on growing as the epidemic expands, with an estimated 2.5 million people newly infected with HIV and 2.1 million AIDS deaths in 2007.

The remarkable analysis contained in the report presented by the Secretary-General at the sixty-second session of the General Assembly, however, can only raise concerns and lead us to consolidate our efforts.

Prevention remains crucial to any effective and reliable policy in the fight against this pandemic.

The Monegasque authorities, cooperating closely with non-governmental organizations, and in particular with Fight AIDS Monaco and the Monegasque Red Cross, have put in place an information and prevention system to assist both schools and the working world, relying in addition on a free and anonymous screening centre.

The recommendation made by the Secretary-General to give special attention to the most vulnerable is taken into account through the organization of access to condoms, the financing of therapy by social institutions and the establishment of dependency consultations.

This action is also carried out at the international level. A three-year agreement was signed with UNICEF on 22 May 2008 to strengthen the prevention of mother-to-child transmission of HIV for the period 2008-2010. Furthermore, the Principality has also co-financed a United Nations Population Fund (UNFPA) project concerning the care and support of female sex workers since 2006.

The global fight against HIV/AIDS and respect for the goal of achieving universal access by 2010 more than ever in low- and middle-income countries depends on the financing of programmes.

Convinced that international solidarity alone can fill the gap between available resources and actual needs, as emphatically stated by the Secretary-General in his report, the Principality, which has contributed to the financing of UNAIDS since its creation, has decided over the past few years to significantly scale up its funding commitment.

This initiative was formalized on 28 February 2007 by the signing of a framework agreement on cooperation with UNAIDS to strengthen direct assistance to the countries most affected by the pandemic, in particular, through the UNAIDS Programme Acceleration Fund.

Finally, progress made in the fight against any form of discrimination or stigmatization must be pursued to ensure that each community adopts a more human and fraternal approach towards persons living with HIV/AIDS.

The conference "HIV+Monaco", held in the Principality in January 2008 upon the invitation of Her Serene Highness Princess Stéphanie of Monaco with a view to hearing from persons living with HIV/AIDS, represented an important milestone towards recognizing the valuable role that persons with HIV/AIDS play in the fight against the epidemic and as such was a major initiative.

I cannot conclude this statement without paying special tribute to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, and to all those who dedicate themselves at all levels of responsibility and in the field to helping persons living with or infected by HIV/AIDS and children orphaned by AIDS.

I assure them they will always find in the Principality the support they need to carry out their action.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Issa Lamine, Minister of Health of the Niger.

Mr. Lamine (Niger) (*spoke in French*): It is an honour for me and affords me great pleasure to speak before this Assembly on behalf of the Government of the Niger and of His Excellency Mr. Mamadou Tandja, President of the Republic and head of State, on my country's efforts in implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. In this framework, and in keeping with regional commitments, in particular those contained in the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, as well as those contained in the resolutions adopted by leaders worldwide and development partners, demanding that renewed efforts be made in the fight against HIV/AIDS, tuberculosis and malaria. We have continuously improved our national policy in this area.

Thus, a new approach with a multisectoral and decentralized dimension was given to the struggle through the national strategic framework 2002-2006. We have taken a great step forward in institutional terms by placing the Office for the Intersectoral Coordination of the Fight against HIV/AIDS, the national body for coordinating actions to fight the disease, under the auspices of the Office of the President of the Republic.

This political commitment also coincides with the drafting of a new reference document for the period 2008-2012, which outlines the major guidelines for the struggle. This document rests upon the results and the lessons learned from the preceding document to ensure a better response to HIV/AIDS and better targeting of interventions with the scaling up of actions by all actors in order to facilitate universal access to treatment, care and support for those suffering from HIV. Strategic areas for intervention have been freed up for each actor.

However, these efforts would be in vain if the main causes of the spread of the disease were disregarded. Thus, there has been clear targeting of specific groups and identification of key sectors, in the light of the concentrated type of epidemic that is prevalent in our country.

In epidemiological terms, our 2006 demographic and health survey reported HIV prevalence of 0.7 per cent. This demonstrates that the trend is towards stabilization of the epidemic, with a gap between rural areas, where the rate is 0.5 per cent, and urban areas, where the rate is 1.5 per cent. However, these relatively low rates must be viewed in a different light when we look at specific groups, such as sex workers and members of the defence and security forces, where the situation remains worrying, with rates above 30 per cent and 2 per cent, respectively.

However, some behaviours have changed for the better. In particular, sex workers now make more widespread use of condoms; the rate of use rose from 56 per cent in 2002 to 95.6 per cent in 2006. Among the general population too, condom use has increased, from 9 per cent in 2002 to 45 per cent in 2006 for men. This situation a reflects greater knowledge among the target groups about the illness as well as awareness of the risks that HIV represents for the population as a whole.

In the area of care for HIV/AIDS patients, we have also made significant progress, thanks to the commitment of the President of the Republic, and thanks to the will of the partners who are working with us. Antiretroviral treatment, voluntary screening and treatment for opportunistic infections have been free of charge since 2004. Today, out of 13,650 eligible people, 3,716 receive antiretroviral treatment, from a countrywide population of HIV-positive people estimated at 91,000. We have also obtained encouraging results in campaigns for the prevention of mother-to-child transmission; 129 sites are now functioning throughout the country.

In social terms, our programme places particular emphasis on the struggle against stigmatization and discrimination against people living with HIV/AIDS, and here we are grateful for the help of Muslim and Christian religious associations and traditional leaders. That has allowed us to raise awareness of the issue of HIV/AIDS, and associations and networks of people living with HIV have emerged. Complementary socio-economic support measures have also been provided for highly vulnerable segments of the population, in particular orphans and widows. On 30 April 2007, the National Assembly of Niger, through its parliamentary network, initiated and adopted a law on the prevention, treatment and monitoring of HIV.

Those are just a few of the modest results that we have been able to achieve in the past few years thanks to the cooperation of our technical and financial partners, in particular the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, we should emphasize that we have come up against a number of obstacles, which have prevented us from achieving the results that we had hoped for.

On the organizational level, for example, we regret that civil society, because of its limited capacities, has been unable to support the public sector in its activities. We have also faced a number of difficulties in controlling the supply chains for reagents, medication and supplies; deliveries have frequently been interrupted. That has had a negative impact on the quality of the care provided by our programme.

That has led us to consider future efforts aimed at, in particular, integrating and strengthening the capacities of civil society, in order to establish an effective long-term community-based approach to HIV/AIDS, with the support of associations for people living with HIV. With respect to the supply chain problems, we have taken measures to improve the system. When we obtain the results of the audit of the supply and distribution chain for antiretroviral medicine and reagents currently under way, we will adopt a national strategy to deal with this.

At present, we are committed to formulating, through a strategic planning process, a national multisectoral plan to fight HIV/AIDS for the period

2008-2012. That will eventually lead to a round table to mobilize resources for the financing of all planned activities.

In the meantime, on behalf of the people of Niger, we would like to thank our technical and financial partners, who have allowed us to face the threat of HIV/AIDS and to announce the upcoming launch of the seventh Global Fund cycle. We would like to take this opportunity to ask our partners to renew their efforts to further support us, because much remains to be done to consolidate our achievements and to prevail in the struggle we have undertaken. Our Government has made commitments to substantially increase its contribution, through the national treasury, to efforts undertaken in the fight against HIV/AIDS.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Mphu Keneiloe Ramatlapeng, Minister of Health and Social Welfare of Lesotho.

Ms. Ramatlapeng (Lesotho): My delegation aligns itself with the statements delivered by the Ministers of Health of Antigua and Barbuda on behalf of the Group of 77 and China and of Zambia on behalf of the Southern African Development Community.

At the outset, let me reaffirm Lesotho's commitment to the principles set out in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. With an adult HIV prevalence of 23 per cent, Lesotho has one of the highest HIV prevalences in the world. We therefore welcome this opportunity to exchange views with other members of the international community, as we jointly review the progress attained towards universal access to HIV prevention, treatment, care and support.

Indeed — and this can be attributed mainly to strong and consistent leadership from the highest political level — Lesotho embarked in 2005 on an accelerated programme to achieve universal access to HIV prevention, treatment, care and support by 2010. First and foremost, we have made very significant increases in budget allocation, as we are committed to taking robust action to meet the ambitious targets that we set for ourselves in areas such as services for the prevention of mother-to-child transmission; enhancing knowledge and improving behaviour among young people; provision of antiretroviral therapy; support for orphans and vulnerable children; and a reduction in new HIV infections.

In the area of prevention, the enhanced implementation of the innovative Know Your Status campaign, the expansion in the number of health centres offering HIV testing and counselling and a shift to provider-initiated testing led in 2007 to a threefold increase in the number of people who have ever received an HIV test. In addition, the scale-up of efforts to prevent mother-to-child transmission expanded that coverage from 5 per cent to 31 per cent over the last two years. Further measures that have been undertaken by the health sector include support for post-exposure prophylaxis, empowering health facilities to offer male circumcision and screening all donated blood.

Lesotho is harnessing efforts aimed at empowering young people in the area of prevention. Currently, there are approximately 400,000 young people who are receiving life-skills education out of school. Concurrently, the school curriculum is being revised to include reproductive health and HIV/AIDS issues.

Care and treatment services have expanded significantly in the past two years, with an increase in antiretroviral treatment coverage from 10 per cent to 25 per cent. The proportion of children receiving treatment is increasing steadily, due to the expansion of access to tests for early infant diagnosis, the availability of affordable paediatric formulations of antiretroviral medications and an expanding network of centres providing paediatric HIV care and treatment throughout the country. Guidelines for adult and paediatric antiretroviral treatment, prevention of mother-to-child transmission, tuberculosis, infant and young child feeding and severe malnutrition have been reviewed and updated to reflect the most current recommendations. Lesotho has also adopted a national policy on orphans and vulnerable children and has mobilized funds for expanded services for orphans and vulnerable children as part of the national response.

Some additional areas of progress that the country is pursuing include: improved management and coordination of the response at all levels; a more favourable legal environment, which includes the drafting of a comprehensive national HIV/AIDS bill; and legislation to remove barriers to access for women and girls and to address stigma and discrimination in the workplace.

Lesotho, however, faces the following obstacles and challenges: human resources limitations in the health sector; slow progress in achieving behaviour change; lack of data and targeted interventions for high-risk populations; inadequate coordination of services for tuberculosis-HIV co-infection; difficulties in supply-chain management; a crisis in food security for many patients, and for people in general; increasing numbers of orphans and vulnerable children vis-à-vis available support; inadequate data collection, monitoring and evaluation systems; and challenges in collaboration and coordination among stakeholders.

The Government of Lesotho remains committed to finding sustainable solutions to those challenges. We will expand prevention efforts, especially in educating young people, undertaking behaviour change interventions, targeting high-risk populations and further expanding access to services for the prevention of mother-to-child transmission. With a tuberculosis-HIV co-infection rate of up to 80 per cent, we will prioritize the strengthening of tuberculosis-HIV co-infection services. We will strengthen the supply chain management and distribution systems and build the capacity of health-care workers, including task shifting where necessary. Lesotho will continue to scale up paediatric HIV care and treatment services and support community-based activities through improved support for community health workers and civil society organizations.

Allow me to reiterate the commitment of the Government of Lesotho to fully implement the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. We look forward to continued progress towards the attainment of Millennium Development Goal 6, aimed at halting and reversing the threat of HIV/AIDS by 2015.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Christos Patsalides, Minister of Health of Cyprus.

Mr. Patsalides (Cyprus): Allow me at the outset to note that Cyprus, as a member of the European Union (EU), fully supports the statement to be made by the Slovenian EU presidency on behalf of the Union. Our statement will be limited to some additional comments of national concern.

Today, we attend this high-level meeting on HIV/AIDS to review the progress achieved since the adoption of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. As we are at the midpoint of the process of attaining the goal of halting the spread of AIDS by 2015, and two years from the target date for reaching the goal of universal access to prevention, treatment, care and support, this gathering could not have been more opportune. In that respect, we wish to express our gratitude to the Secretary-General for convening this well-timed meeting and to reiterate our commitment to remain actively engaged in this long-term effort of the international community to win the battle against HIV/AIDS.

Significant progress has been achieved since 2001 in the areas of funding, access to HIV prevention, treatment, care, voluntary counselling and testing and support. The annual rate of new HIV infections appears to have decreased over the past decade, and the annual number of AIDS deaths declined in 2007 as a result of a substantial increase in access to HIV treatment in recent years. The world must now build on its successes to accelerate the pace towards achieving universal access. We stand at a decisive point in time. Effective efforts to achieve Millennium Development Goal 6, which addresses the issue of AIDS, will have a positive impact on the advancement of most of the other Millennium Development Goals, which are related to hunger, sexual health, child mortality, maternal health, gender equality and primary education.

In Cyprus, HIV/AIDS infection has been maintained at the very low prevalence rate of 0.1 per cent of its population. Since 1986, when AIDS made its first appearance in Cyprus, the Government has made the issue one of its highest priorities. As of that point, we set up time-bound plans of action to combat the epidemic, which are systematically updated and adjusted based on new knowledge, experience and technological advances. Cyprus's policy is formulated in line with EU positions and in close coordination with its EU and other international partners. Educational programmes about AIDS have been incorporated in school curricula, aiming at building the capacity of young people to decrease their risk of being infected. The National AIDS Committee of Cyprus, which is comprised of all competent governmental authorities and departments, private institutions, non-governmental organizations and the relevant specialized agency responsible for policy on this issue, actively promotes the inclusion of all sectors of society

in promoting public HIV awareness, especially among high-risk groups, alleviating stigma and providing support.

Treatment, including combination antiretroviral therapies, care, voluntary counselling and testing, is provided free to all citizens of the Republic, European citizens, political refugees and vulnerable groups.

Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess the threat posed by factors intimately linked to the virus, such as sexual behaviour and drug abuse.

The 2004-2008 strategic plan to fight AIDS sets out specific targets and goals, engaging all societal and governmental sectors. The formulation and implementation of national strategies and actions has involved the cooperation of the Ministry of Health with principal governmental and non-governmental stakeholders in the fields of HIV/AIDS, reproductive health and the wider social sector.

As in all other countries, the HIV epidemic in Cyprus is influenced by a changing social profile and is subject to further evolution. The basic components expected to shape the epidemic in Europe in the coming years are the mixing and movement of populations; increasing circulation and use of drugs; risky sexual practices; the deceptive feeling of security created in some social groups due to the widespread use of antiretroviral therapy in many European countries; and the worsening public health situation on an international level. Cyprus experiences those effects and is directly influenced in all sectors of social life, including public health.

In the face of those challenges, Cyprus fully endorses the call for reinforcing the efforts of Governments around the world aimed at removing barriers to care and prevention and reversing the course of the pandemic at the national and international levels. We have the political will to continue and accelerate our efforts in line with the principles of the Declaration of Commitment and of the HIV/AIDS strategies of the European Commission. Within our capacity, we will provide all necessary support and cooperation in order to halt and start reversing the pandemic, particularly in those countries and among those vulnerable groups that have been worst affected.

In full awareness of the seriousness of the global HIV/AIDS situation, but also of the important progress that has been achieved and the enormous potential for further progress and change, we pledge to cooperate with all other nations, at the European and global levels, for the realization of the Goals of the Declaration of Commitment of 2001, of the Political Declaration of 2006 and of the Millennium Development Goals.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Saccoh Kabia, Minister of Health and Sanitation of Sierra Leone.

Mr. Kabia (Sierra Leone): I am privileged to be here representing my Government and my people at this historic event. My President, His Excellency Ernest Bai Koroma, would have been here but for the fact that he had some pressing issues of national importance to attend to.

As a new Government under the leadership of President Bai Koroma, we have embarked on a process of policy reforms geared towards enhancing socio-economic growth and development to improve the welfare of our people. Greater political openness continues to strengthen the commitment of my Government to meeting the basic needs of our people amid the diverse development and global challenges, such as HIV/AIDS, that we face as a Government.

My Government is fully committed to fighting the HIV/AIDS epidemic. Without doubt, renewed political will, strong leadership and sustained commitment are necessary to mobilize our people if the battle against HIV/AIDS in my country is to be won. As members may be aware, Sierra Leone has a relatively low prevalence of HIV/AIDS. But the potential for escalation exists. Our 2005 population-based sero-prevalence survey indicated a prevalence of 1.53 per cent as a national average; the figure was 2.1 per cent in the 15-to-24 age group, and among pregnant women it was 4.4 per cent.

However, we shall not be lulled into a sense of false security, so our national effort focuses on strong, comprehensive and innovative preventive strategies. Maintaining a low HIV/AIDS transmission rate, therefore, remains our most important priority. In that regard, a key component of the national strategy is to promote awareness and prevention among the most vulnerable and high-risk groups, in particular those in the 15-to-24 age range, women, children and migrants.

We also hope to decrease HIV transmission from mother to child and have striven to adopt and implement safe blood transfusion practices.

We are aware, however, that prevention alone is not enough. My Government, through the national AIDS programme, now provides free antiretroviral therapy for all affected citizens who come forward. By so doing, in a multisectoral approach with the help of public-private partnerships that we have built, and with the collaboration of religious and community leaders and the private sector and the civil society, we are facilitating the provision of free treatment to citizens while increasing awareness of the risk factors for this deadly disease.

However, it must be stated that shame, stigma and fear continue to deter people from seeking and accessing our services. It is noteworthy to observe that a crucial step was taken to address the issue of the stigma and discrimination associated with HIV/AIDS. In line with the statement in the 2006 Political Declaration that "full realization of all human rights and fundamental freedom for all is an essential element in the global response to the HIV/AIDS pandemic" (*resolution 60/262, annex, para. 11*), my Government has enacted the HIV/AIDS Prevention and Control Act, which seeks, among other things, to address the stigma and discrimination directed against persons with HIV/AIDS by providing them with the legal protection they deserve.

In addition, pursuant to the commitment of the 2006 high-level meeting, we have developed a comprehensive national strategic plan for HIV/AIDS, which takes into account the changing nature of the epidemic and the epidemiology of the disease and which seeks to address the needs of all sectors of our population with respect to diagnosis, confidential counselling, treatment and disease surveillance, while adopting measures to mitigate the impact of cross-cutting issues such as co-infection with tuberculosis and malaria. That strategic programme, which is being managed by the National AIDS Secretariat under the chairmanship of His Excellency the President himself, is in line with the Three Ones principle of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which enhances the mobilization and use of resources in a transparent, efficient and accountable manner, with the goal of achieving universal access to treatment by 2010.

We as a nation are faced with immense socio-economic challenges and constraints while recovering from a devastating 11-year conflict. We are facing severe constraints in areas such as human resources, where the number of health-care personnel is very limited, and challenges in the area of reproductive and child health. Some of our indicators are the worst in the world. To have in place a comprehensive response to HIV/AIDS requires tremendous resources that stretch the capacity of our economy.

In that regard, we acknowledge and are grateful for the contributions of all our international partners to the progress we have made thus far. The Government and the people of Sierra Leone are particularly grateful for the support provided by the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and all our development partners, including the United Nations agencies.

At this juncture, we would like to commend the Secretary-General, His Excellency Ban Ki-moon, for his very comprehensive report, contained in document A/62/780, the findings and recommendations which my delegation fully endorses. We also align ourselves with the statement made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China and with that to be made by the representative of Egypt on behalf of the African Group.

In conclusion, let me reaffirm my Government's commitment to sustaining the battle against HIV/AIDS. As members are all aware, the greatest allies of the HIV/AIDS pandemic are poverty, ignorance and lack of information and education, while the greatest weapons against the scourge are information, communication, education and behaviour modification.

This is a battle we must win. This is a battle we cannot afford to lose. We are all in this together, and only by working together shall we succeed.

The Acting President: I now give the floor to His Excellency The Honourable Hubert Minnis, Minister of Health and Social Development of the Bahamas.

Mr. Minnis (Bahamas): On behalf of the Government of the Commonwealth of the Bahamas, I am pleased to address the General Assembly today and to reaffirm my Government's fervent commitment to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The Bahamas thanks the Secretary-General for his most

comprehensive report (A/62/780) and applauds the United Nations for its ongoing efforts in forging the political will and commitment that are crucial to the fight against HIV/AIDS. The Bahamas also extends its appreciation to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and his team for their hard work and dedication to this issue.

At the outset, let me take this opportunity to align my delegation with the statement made by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China, and with the statement made by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

As the Prime Minister has already alluded to the HIV/AIDS epidemic from a regional perspective, allow me to offer a few comments from a national perspective. Twenty-five years since the detection of the first clinical case of AIDS in the Bahamas, universal access to antiretroviral therapy has decreased mortality from 18.4 per cent to 8.8 per cent. The Bahamas has experienced a significant level of progress in responding to the HIV/AIDS epidemic and was one of the few countries recognized in 2005 as having turned the tide against HIV.

One of our most positive achievements was the significant decline in mother-to-child transmission of HIV in 1995, which became more marked with the advent of triple combination drug therapy. Since 2003, no mother-to-child transmission of HIV has occurred in women receiving treatment according to protocol. The Bahamas is pleased to note references in the Secretary-General's report to its success in having achieved 80 per cent coverage in 2007 in the prevention of mother-to-child transmission. We have also seen favourable trends, with decreasing rates of infection. Our prevalence rate, estimated to be around 3 per cent, may appear not to be decreasing; this is due to people on antiretroviral therapy living longer.

The epidemiology of HIV and AIDS is changing today, and the Bahamas, like its Caribbean neighbours, is experiencing an increase in the number of new HIV infections among women in the 15-to-24 age group. There are also increases in HIV-tuberculosis co-infections and in the identification of drug resistant strains of tuberculosis. Our mortality rate is 10 times higher for persons co-infected with HIV and tuberculosis, as compared to individuals with tuberculosis alone.

The archipelagic nature of the Bahamas is in itself a challenge. The growing migrant population, which accounts for 25 per cent of HIV and AIDS cases in the Bahamas, places an increased burden on the country's health care system. Our ability to reach these populations with prevention, care, treatment and support services is compromised due to language barriers and cultural differences.

It is imperative that we find creative ways to procure adequate and sustainable financing for HIV and AIDS programmes. Funding is required to improve and strengthen safety networks and to provide for children and their families, the majority of whom are poor and are living in low- and middle-income countries. We must also address the ongoing problem of stigmatization in the workplace and in other settings.

The economic impact of HIV and AIDS is cross-cutting. Providing adequate nutrition, especially quality food products, is becoming increasingly challenging in the light of the rising cost of food. Nutrition is critically important in supporting and maintaining a strong and functioning immune system to combat the infection.

No country can win the fight against HIV and AIDS alone. It is incumbent upon us, as an international community, to join forces to do so. It is important to change behaviour, promote healthy lifestyles, address the spread of the disease in the adolescent population and endorse a policy for HIV testing among specific populations. Emphasis must be placed on the sharing of technical expertise, technological support, training and the transfer of knowledge.

Before concluding, I would like to remind the Assembly that enjoying the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic or social condition. In order to ensure this for persons both infected and affected by HIV and AIDS, and for the survival of future generations, we must develop sustained programmes for prevention, care, treatment and support. It is only through this achievement that we can then meet the Millennium Development Goals to which we have all committed ourselves.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Vasyl Knyazevich, Minister of Health of Ukraine.

Mr. Knyazevich (Ukraine) (*spoke in Ukrainian; English text provided by the delegation*): At the outset, I would like to thank the organizers of this high-level meeting for the opportunity for us to come together to discuss progress in implementing commitments undertaken in the historic Declarations on HIV/AIDS. We have established an unprecedented partnership between the Ukrainian leadership and national and public institutions, including the Ukrainian network of people living with HIV. Representatives of those organizations are among us now.

Today, I have the honour to read out a statement by the President of Ukraine, Victor Yushchenko, addressed to the participants in this event. The statement reads as follows.

> "Ukraine is among the countries that initiated the historic special session of the General Assembly on HIV/AIDS in 2001. Since then, there have been significant achievements in response to the epidemic at the global, regional and national levels.
>
> "We are grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the organizations and agencies of the United Nations system, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and UNICEF, for their significant support and reliable partnership in overcoming the epidemic.
>
> "Ukraine's 2006-2007 national report on the implementation of the Declaration of Commitment on HIV/AIDS is the most detailed document ever prepared on this issue. It demonstrates the significant progress made in Ukraine over the past two years.
>
> "Prevention services are being widely implemented among the populations at greatest risk, including the provision of substitution therapy among injecting drug users; these are essential to respond to the epidemic. Significant results have been achieved in the area of treatment. Nearly 9,000 people with HIV/AIDS now have access to antiretroviral therapy, thanks to the support of the Global Fund. This year, 6,000 of those patients are being transferred to support provided by Ukraine's medical support system.
>
> "At the same time, we are well aware of the danger that HIV/AIDS represents and we recognize the complexity and enormity of the tasks that lie ahead of us. We are deeply concerned by the rate at which the epidemic is spreading, having already reached 1.63 per cent of the adult population of Ukraine.
>
> "We recently established a coordination council on HIV/AIDS, tuberculosis and drug use. Under the personal supervision of the President of Ukraine, the council will monitor the processes of responding to the epidemic at the national level. I should like to point out that a significant contribution to that fight is being made by Ukrainian civil society, in particular by people living with HIV/AIDS. Their networks and organizations are fully represented in Ukraine's coordination council and other national councils.
>
> "HIV/AIDS remains one of the gravest challenges of our time. Victory in this fight can only be achieved through intensive work in the areas of prevention and universal access to treatment, care and support for all those who have the immunodeficiency virus. That task requires an increase in funding from the Government of Ukraine as well as consistent support from our foreign partners. Ukraine reaffirms its commitment to the fight against HIV/AIDS. We also express our readiness to cooperate closely at the international level in this area of such crucial importance for humankind."

On behalf of the Government of Ukraine, allow me to express our sincere gratitude to the donor community and our international partners for their assistance in the preparation of our national response to the epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Eusebio del Cid Peralta, Minister of Health and Social Assistance of Guatemala.

Mr. Del Cid Peralta (Guatemala) (*spoke in Spanish*): I have the honour to make this statement on behalf of the constitutional President of the Republic of

Guatemala, His Excellency Mr. Álvaro Colom Caballeros.

At the outset, on behalf of the people and Government of Guatemala, allow me to reiterate our commitment to combating HIV/AIDS. That is the reason we are at this meeting today: to address the crucial issue of fighting and preventing AIDS and to evaluate the progress made in that regard. My delegation would like to associate itself with the statement made by the representative of Antigua and Barbuda on behalf of the G-77 and China, as well as with the statement made by the representative of Mexico on behalf of the Rio Group.

Guatemala has committed itself to making the necessary efforts to devise a response to HIV/AIDS. Ours is a multicultural, multilingual and multi-ethnic country in which the Government, civil society, people living with HIV/AIDS, private enterprise and international cooperation agencies have all united to redouble efforts to respond to the epidemic and to implement comprehensive strategies.

Those strategies have included both the strengthening of gynaecological facilities throughout all Guatemalan hospitals in order to address vertical transmission of the disease and improve their infectious disease departments so as to provide comprehensive care for people living with HIV. The strategies also include partnerships with the private sector — including doctors in private practice and laboratories — to respond to the epidemic; coordination between the secretariat for social communication of the presidency and the Ministry of Health in order to develop campaigns intended to change behaviour; information, education and communication schemes aimed at adolescents and young people in the informal education sector; and coordination with the Ministry of Education to develop procedures for the formal education sector.

With regard to health services, we have begun a training programme focused on human sexuality that is centred on four areas, namely, peer-to-peer and youth-focused methodologies; the prevention of sexually transmitted diseases, HIV and AIDS; human, sexual and reproductive rights; and gender-based analysis and perspective and the intercultural dimension.

In cooperation with the Pan American Health Organization, through the Ministry of Health and the Guatemalan Institute for Social Security, we have established a joint system to negotiate the price of medication at the international level. Our national AIDS programme, working with non-governmental organizations and cooperation agencies, has also developed a handbook to help people living with HIV/AIDS to deal with their feelings.

Congressional decree 638-2005, which addresses public policy, decree 27-2000 and legislative agreement 317-2002 provide the framework for our country's efforts with regard to HIV/AIDS while guaranteeing the human rights of people living with HIV/AIDS.

We have also strengthened our national health institute and made it the leading reference laboratory for the Ministry for Public Health and Social Assistance and the regional HIV/AIDS project for Central America, Panama and the Dominican Republic.

We also have at our disposal the national AIDS spending assessment report, which provides financial information with regard to national investment in the country and allows us to monitor the mobilization of resources. The public sector currently provides 58.1 per cent of all national investment with regard to HIV/AIDS.

Guatemala believes in an approach based on human rights. We have therefore enacted laws to promote education and information. The purpose is to prevent stigmatization and marginalization in connection with HIV among the most vulnerable and those infected with or affected by the virus.

We know that we need technical and financial support from all entities committed to slowing the spread of HIV/AIDS if we are to overcome this pandemic. It is only by working together and through leadership at all levels — and especially at the highest level — that we will be able to change the course of HIV/AIDS in our countries.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Kessile Tchala Sare, Minister of Health of Benin.

Mr. Tchala Sare (Benin) (*spoke in French*): It is a great honour for me to take the floor to address this high-level meeting devoted to evaluating the progress made in the implementation of the Declaration of Commitment and the Political Declaration on HIV/AIDS. Allow me, at the outset, to convey to the General Assembly the warm personal greetings of His

Excellency Mr. Boni Yayi, Head of State, President, head of Government and Chairperson of the National Commission to Combat HIV of the Republic of Benin. I also wish to convey to the Assembly the friendship of all the people of Benin, as well as the delegation of Benin's heartfelt congratulations to Secretary-General Ban Ki-moon for the excellent report (A/62/780) he has provided for this meeting.

It is not necessary to point out that AIDS is the most serious and devastating disease of our time. The prevalence of AIDS among Benin's general population dropped from 4.1 per cent in 2001, to 1.2 per cent in 2006. In that regard, Benin's case is unique in the West Africa subregion. The success achieved in combating HIV/AIDS was possible due to the political leadership provided at the highest level through the personal involvement of the head of State and Chairman of the National Commission to Combat HIV. That made it possible to mobilize resolute support to promote the institutional framework that was established.

We developed a multisectoral approach that, among other things, entailed the establishment of focal points on combating AIDS at all ministries and national institutions, including the Office of the President of the Republic. In addition, we increased resources in the national budget in order to combat AIDS and adopted and enacted a law to control the epidemic and provide protection from stigmatization and discrimination for persons living with HIV.

Benin's success was due mainly to its bringing together of national structures. In so doing, we were able to make inroads into how Benin's society has traditionally done things, thereby making the fight against HIV/AIDS a vehicle for promoting health and development across the board. We have also succeeded in shaking up long-held ancestral beliefs and social taboos, making it possible to provide better treatment for all diseases in Benin. The strategy we have implemented involves the active participation of all sectors of society, including religious groups and practitioners of traditional medicine, thereby promoting synergies and close cooperation between modern medicine and the traditional medicine developed as part of the culture of voodoo, which was born in Benin.

Benin has therefore been able to extend coverage from less than 10 per cent of people living with HIV/AIDS receiving antiretroviral treatment in 2002 to 60 per cent by 2007, with such services provided free of charge since 2002. Benin will nevertheless not be shielded from the pandemic's explosion if our national response is not further strengthened to achieve universal access to prevention, care, treatment and sustainable support for people living with HIV/AIDS.

In that connection, Benin has designed a new national strategic framework for the period 2007-2011 which hinges on prevention and aims at preventing new infections and reducing the social and economic impact of the disease. Estimates indicate that in order to achieve universal access by 2010, Benin will require a budget of $300 million to implement the strategic framework.

If we want to protect future generations, achieve the Millennium Development Goals and preserve the potential for development in our country, we must continue our efforts to ensure that there is no backsliding in the positive trends we have experienced. We are committed to ensuring that happens, with the ongoing support of the Joint United Nations Programme on HIV/AIDS and its partner agencies and all other development partners, to which we extend our profound gratitude.

This meeting affords us a valuable opportunity to commend the efforts made by the international community and the progress made as reflected in the report of the Secretary-General. That report also refers to the mobilization of resources through various mechanisms, including multisectoral action plans, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the African Development Bank, the International Drug Purchase Facility, the United States President's Emergency Plan for AIDS Relief, the Gates and Clinton Foundations, the United Nations system and bilateral and multilateral mechanisms.

Nevertheless, additional resources must be mobilized to broaden national responses and truly scale up prevention, care and support services, especially as regards antiretrovirals. To that end, we must also strengthen leadership, political commitment, multisectoral coordination, monitoring and evaluation as part of an effective global partnership linking Governments, the private sector and civil society. Doing so requires the mobilization of additional sustainable financing, which is crucial given the enormous challenges that the response must overcome

in many parts of sub-Saharan Africa facing serious economic and socio-political crises.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health and the Environment of Jamaica.

Mr. Spencer (Jamaica): Let me, at the outset, align myself with the statement made by the representative of Antigua and Barbuda on behalf of the G-77 and China, as well as that made by His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis. My statement will focus on Jamaica's efforts to implement the 2001 Declaration of Commitment on HIV/AIDS and the Political Declaration adopted by the General Assembly in 2006.

The Government has coordinated a comprehensive HIV/AIDS programme during the past two decades. Despite numerous obstacles and challenges, the HIV prevalence rate has slowed, stigma and discrimination against persons living with HIV and other marginalized groups have decreased considerably and Jamaica has started to experience a downward trend in AIDS mortality.

Considerable progress has been made, in particular in the areas of access to antiretroviral treatment — with over 60 per cent coverage for people living with HIV and needing treatment. Vertical HIV transmission plummeted from 25 per cent in 2004 to 5 per cent in 2007, largely due to Jamaica's robust programme to prevent mother-to-child transmission. Over 90 per cent of pregnant women between the ages of 15 and 49 receive counselling and testing for HIV.

Despite our achievements, challenges remain. Behavioural practices such as increased transactional sex, multiple partners, unprotected sex in risky situations and the decreasing age of sexual initiation help to exacerbate the spread of HIV in Jamaica. We remain concerned that women and girls are not sufficiently empowered to negotiate condom use.

The risk of sexual transmission of HIV has been compounded by a dramatic shift in access to explicit sexual messages and material. Despite our numerous interventions, there are still too few messages about appropriate sexual behaviour to compete with the surge of explicit material available for any age group on the Internet and via cable television.

The commitment of leaders at the highest level is essential for a successful response. During World AIDS Day 2007, the Prime Minister of Jamaica, The Honourable Orett Bruce Golding, took the lead and demonstrated the Government's highest commitment to the HIV response by publicly testing for HIV. In line with expanded initiatives for HIV testing, we have documented significant increases in the proportion of persons participating in voluntary counselling and testing.

Jamaica has witnessed growth in visible commitment from leaders as role models. Well-known personalities in sport, entertainment, business and the media have endorsed mass media messages against discrimination. Noteworthy among them are the Coalition of Artists against AIDS and the Media Alliance against AIDS. The private sector has also signalled its support through the establishment of the Jamaica Business Council on HIV/AIDS.

A national HIV/AIDS policy and a national strategic plan on HIV/AIDS (2007-2012) have been reviewed and approved by the Government, employers and workers, as well as by persons living with HIV and AIDS and other marginalized groups. Our national policy and plan embrace the protection of human rights, including the right to work, regardless of real or perceived HIV status.

In moving forward to the achievement of universal access over the next five years, Jamaica will focus on four priority areas: First, a focus on prevention with considerable expansion and emphasis on vulnerable groups; secondly, treatment and care with the removal of barriers to access and the provision of free health care, including antiretroviral therapy; thirdly, development of an enabling environment and human rights framework, and fourthly, empowerment and governance for commitment and sustainability.

The commitment and partnership of all stakeholders will be required to achieve universal access, including access to antiretroviral treatment and the strengthening of the provision of existing care and support systems. We are in the process of reviewing the legislative framework in which we operate in order to ensure the protection of human rights of all Jamaicans regardless of their beliefs, practices, health or political status.

Despite the progress made, a number of challenges still persist. The current macroeconomic climate, including rising food and oil prices, poses a significant threat to our already fragile economy. For

this reason, Jamaica welcomes continued external support for its response to HIV and AIDS while we seek to integrate the response into overall social and economic programmes, including poverty reduction.

Allow me to conclude by acknowledging the important role being played by the United Nations and its agencies, in particular, UNAIDS as well as the World Bank. I must also recognize the significant role of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which continues to support our national efforts.

The fight against HIV/AIDS is not a country-specific issue. International cooperation remains critical to the response. We must continue to place HIV/AIDS within the macroeconomic agenda for poverty reduction and the achievement of the Millennium Development Goals.

The Government of Jamaica remains committed to the fight against HIV/AIDS and will continue to provide high-level leadership to ensure the success of the response at all levels.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Darko Žiberna, State Secretary, Ministry of Health of Slovenia.

Mr. Žiberna (Slovenia): It is an honour and privilege to speak on behalf of the European Union (EU). The candidate countries Turkey, Croatia and the former Yugoslav Republic of Macedonia, the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, align themselves with this statement.

The EU would like to thank the Secretary-General for the excellent opportunity he has provided for us to review the progress made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS, adopted at the high-level meeting in 2006.

Since we gathered for the General Assembly's special session in 2001, the world has transformed its response to the global HIV/AIDS pandemic. Today, while much still remains to be done, 3 million people have access to antiretroviral treatment and we are making remarkable progress on access to prevention and care. Since 2006, progress in containing the HIV epidemic can now be seen in nearly all regions worldwide. We are convinced that political will, strong leadership, sustained commitment and concerted efforts from all stakeholders at all levels will contribute to this achievement.

But there is no room for complacency; progress is not uniform across or even within countries. The HIV/AIDS epidemic remains a major and long-term challenge which calls for permanent global political attention, leadership and a sustainable long-term response.

The EU remains fully committed to the achievement of the Millennium Development Goals (MDGs), in particular Goal 6, by providing a wide range of policies and instruments to fight HIV/AIDS throughout the world. The response to HIV/AIDS is and shall remain a top priority for the EU, both internally and externally.

This was made clear by the European Council in the EU Statement on keeping the promise to stop HIV/AIDS of 1 December 2007 on the occasion of World AIDS Day, as well as by the European Council in its conclusions of 21-22 June 2007, when HIV/AIDS was discussed for the first time ever by our heads of State or Government.

European Council conclusions of 23 April 2007 on recently emerging issues regarding HIV/AIDS, called for the implementation of existing commitments within the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action, adopted in May 2005, and identified newly emerging issues and barriers that hinder progress in tackling HIV/AIDS and the effective implementation of the European Programme of Action. The European Union reaffirmed that the fight against HIV/AIDS can only be successful if a comprehensive approach is taken by 2010 that includes scaling up significantly towards the goal of universal access to prevention, treatment, care and support.

The European Union reaffirms its focus on prevention, which remains the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. Without vigorous promotion of primary prevention measures, implementation of harm reduction measures, such as the exchange of needles and syringes among injecting drug users, and targeted interventions aimed at vulnerable groups, the goal of ensuring universal access to prevention, treatment, care and support cannot be achieved.

As indicated in the report of the Secretary-General, the number of new HIV infections currently exceeds by 2.5 fold the increase in the number of people receiving antiretroviral treatment.

The most at-risk populations, particularly men who have sex with men, injecting drug users and homeless people, including children living on the street, still lack meaningful access to HIV prevention services, despite the fact that they are also, in many areas, often targets of violence, including sexual violence.

We call again for further action to promote safer sexual behaviour and practices, including condom use, and to scale up access for injecting drug users to prevention, drug dependency treatment and harm reduction services.

We remain deeply concerned by the overall expansion and feminization of the pandemic. Women now represent half of those living with HIV, including 61 per cent in sub-Saharan Africa. In this regard, we recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS. The proportion of women among those newly detected with HIV infection is also increasing in Eastern Europe and Central Asia.

To reverse the current trend of feminization, the European Union, within the context of its established positions, has successfully led efforts to strengthen global attention and action to address gender inequality, gender-based violence and abuse as drivers of the AIDS pandemic. We have called for intensified efforts to safeguard women's and girls' rights, develop effective HIV and AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health rights, and support the full involvement of women in planning and decision-making related to HIV strategies and programmes. We are committed to working collectively and individually to support partner countries in implementing strategies for gender equality, women's rights and empowerment and for approaches that are effective for women and girls in response to the AIDS pandemic.

The European Union affirms its strong support for and commitment to the full implementation of the Cairo Programme of Action, as well as the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development (ICPD), agreed at the ICPD+5 meeting, and the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development.

We also remain gravely concerned with the number of all new HIV infections among children and young people, low coverage in mother-to-child transmission prevention and the lack of paediatric drugs in many countries, which significantly hinders efforts to protect the health of future generations. Access to antenatal care, information and counselling and other HIV services, confidential counselling and testing, as well as to antiretroviral treatment and breast milk substitutes, is far from sufficient. In this regard, relentless efforts should also be made to address and remove barriers to providing HIV prevention counselling and testing.

Young people's knowledge regarding HIV is crucial for the future course of the epidemic. Regardless of that fact, only 40 per cent of young males and 36 per cent of young females have accurate knowledge of HIV according to the Secretary-General's report, which is still well below the 95 per cent goal stated in the Declaration of Commitment on HIV/AIDS.

It is unacceptable that only 15 per cent of orphans live in households receiving some sort of assistance, as the report states. We should increase protection for children orphaned and affected by HIV/AIDS and address as a priority the vulnerabilities faced by children provide support and care to children infected by HIV, promote child-oriented HIV/AIDS policies and programmes, ensure adequate nutrition and access to treatment, intensify efforts to develop new treatments for children, as well as build and support social security systems to protect them and to mitigate the impact of the pandemic on their daily lives and futures. We encourage stronger commitment to these goals.

Antiretroviral coverage rose by 42 per cent in 2007, reaching 3 million people in low- and middle-income countries. This represents approximately 30 per cent of those in need and is still far below the 2010 target of universal access to antiretroviral treatment. Despite the existence of affordable treatments for tuberculosis, only 31 per cent of individuals living with HIV and tuberculosis co-infection received both antiretroviral and anti-tuberculosis drugs in 2007. We emphasize here the need for accelerated scaling up of collaborative activities regarding tuberculosis and HIV

in line with the Global Plan to Stop Tuberculosis 2006-2015, and investment in new drugs, diagnostics and vaccines appropriate for people with HIV/tuberculosis co-infection. More research is also urgently needed into microbicides, vaccines and pre-exposure prophylaxis, as well as into the most effective ways to effect behavioural change.

The European Commission and its member States have been active contributors to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria since its inception in 2001-2002. There has been a steep increase in contributions by donors in response to HIV/AIDS as well as in the domestic resources spent on HIV/AIDS by low- and middle-income countries. Still, despite a 12 per cent increase in the funding for HIV-related activities during 2006 and a tenfold increase in less than a decade, we have not been able to fulfil present and future expectations. The European Union urges all partners, donors, developing countries, the private sector, civil society and the pharmaceutical industry to accelerate efforts to ensure access to and procurement of affordable medicines.

As emphasized in our European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis (2007-2011), more investment should be made in strengthening health systems and the human resources necessary to deliver health, education and social services of vital importance to effective HIV prevention, treatment, care and support.

We are committed to support and strengthen existing financial mechanisms, including the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, as well as the relevant United Nations organizations, through the provision of funds in a sustained and predictable manner, including by generating additional funds through the continued development of innovative sources of financing.

Mindful of the need to help to close the huge financing gap between needs and available resources and to ensure long-term and predictable financing of HIV and AIDS programmes and measures for sexual and reproductive health, we reaffirm our commitment to continue making contributions that reflect the weight and importance of Europe as a major international partner in development.

Full realization of human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic. It reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with the infection or the disease. Appropriate solutions are required to overcome legal, regulatory and other barriers that inhibit access to effective HIV prevention, treatment, care and support, including medicines, commodities and services, as necessary. We welcome the promotion of all human rights and all freedoms of all people living with HIV/AIDS, members of vulnerable groups and the facilitation of their participation in all aspects of HIV/AIDS responses.

The European Union reiterates its commitment to the freedom of movement of patients, in accordance with article 13 of the Universal Declaration of Human Rights, and invites States that impose such restrictions, particularly against people infected with HIV, to lift them. We call for close collaboration on the part of Governments, national parliaments, donors, regional and subregional organizations, the United Nations system, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders. With all the measures that have been taken, cooperation and linkages constitute one of our strongest potentials, of which we all have to be aware and which we must exploit better.

It is our common responsibility on the international, European and national levels to take this opportunity and to act on our words and our commitments in order to support the development of strategies and effective responses to the HIV/AIDS pandemic.

The meeting rose at 9.20 p.m.

United Nations A/62/PV.105

General Assembly
Sixty-second session

Official Records

105th plenary meeting
Wednesday, 11 June 2008, 10 a.m.
New York

President: Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

In the absence of the President, Mr. Njie (Gambia), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The Acting President: There are 107 names remaining on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to Her Excellency The Honourable Esther Byer-Suckoo, Minister of Family, Youth Affairs, Sports and the Environment of Barbados.

Ms. Byer-Suckoo (Barbados): At the outset, Barbados wishes to align itself with the statements made by The Honourable Denzil Douglas, Prime Minister of St. Kitts and Nevis, on behalf of the Caribbean Community and by Antigua and Barbuda on behalf of the Group of 77 and China.

There can be no doubt that for the past 25 years, HIV has emerged as one of the greatest threats to human security; it continues to dominate the global landscape, decimating human capital and weakening social structures.

In the Caribbean region, which has the second highest prevalence after sub-Saharan Africa, the impact of the disease has been no less devastating. AIDS is now among the leading causes of death in persons between the ages of 25 to 49.

We in Barbados have therefore had to double our prevention efforts, and I am pleased to report the tremendous success of our prevention of mother-to-child transmission programme: over the past three years, only one child has been born HIV-positive in Barbados.

Our responses at every level must reflect the dynamics of the disease and, therefore, must adapt to address the key issues encountered. Central to those issues is universal access to HIV prevention, care, treatment and support services by all in need, regardless of gender, immigrant status or sexual orientation. That is more than access to antiretroviral drugs, but includes access to highly trained professionals, suitable facilities, current information and funding. In addition, it calls for the elimination of all barriers to access.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-154A. Corrections will be issued after the end of the session in a consolidated corrigendum.

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In Barbados, standard mobilization efforts have primarily captured public and private sector partners. We have also learned that engaging civil society partners, including persons living with HIV, is neither easy nor straightforward, but it is crucial and effective. Our pledge is to achieve universal access, and that means that every partner in our national AIDS programme must cooperate and collaborate to attain that goal.

Last July, we convened a special consultation on universal access for our civil society partners. That saw a unique movement away from merely sharing ideas to orienting our partners on the nuances of universal access and clarifying any pressing concerns.

The assurance given by our non-governmental partners that they will play an integral role in our quest towards universal access must be supported by equally strong action on the part of the Government. Successive Governments in Barbados have shown their commitment to responding to the challenges that the HIV epidemic poses to the social and economic stability of our island.

Over the past two weeks, members of Parliament in the Senate and Lower House of Assembly debated resolutions to endorse the national strategic plan for HIV prevention and control for 2008 to 2013 and the Barbados national HIV policy.

As the Minister of Family with responsibility for HIV, I led the debate, and was heartened by the unanimous support shown for the content and budget of the national AIDS programme. There was a frank discussion of issues by our country's leaders and wide media coverage. That historic debate is part of the Government's plan to foster parliamentary leadership and to strengthen the involvement of legislators in the national, multisectoral response to the disease.

Barbados' new HIV policy is multisectoral, developmental and human-rights based. For the first time, we have been able to produce a holistic policy to address the scourge of HIV/AIDS, which will, inter alia, serve as a benchmark in the principal related areas of governance.

Lowering the age of medical consent from 18 to 16 is but one of the policies that my Government will be pursing. Evidence suggests that that action will facilitate greater access to sexual and reproductive health services by those youth who need those services but do not have the requisite parental support.

Our new national strategic plan represents a dynamic approach to addressing the HIV epidemic within the country. Built on the achievements of the national AIDS programme to date, our plan places human capital at the heart of the national response. In keeping with that idea, the Government will invest heavily in behaviour change communication interventions.

We reaffirm our unswerving support for and commitment to the realization of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, which will help us achieve universal access. Our response as a community must always be ahead of the changing face of that disease.

The Acting President: I now give the floor to His Excellency Gennady Onishenko, Head of the Federal Service for Supervision of Consumer Protection and Welfare of the Russian Federation.

Mr. Onishenko (Russian Federation) (*spoke in Russian*): Protecting the health of the population and reducing mortality are among the most important areas of State policy for the Russian Federation. In that context, addressing the global spread of the HIV/AIDS epidemic, which claims the lives of 3 million people every year, is acquiring special significance.

In combating the epidemic, the Russian Federation is guided by the Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly in 2001. The international conferences on AIDS in Eastern Europe and Central Asia, held in Moscow in 2006 and 2008, reviewed the results of organizational and prevention activities in the region and charted a course to effectively combat the epidemic.

Among the other momentous international events in this field, I should mention the Group of Eight (G-8) Summit held in Saint Petersburg in July 2006. On Russia's initiative, that meeting analysed the issue of consolidating the efforts of the international community to combat the spread of infectious diseases — especially HIV/AIDS — as well as the G-8 report on the implementation of the commitments to combat HIV/AIDS, tuberculosis and malaria that was produced in 2007 on the initiative and with the direct participation of Russia.

In our country, the basis of State policy and strategy in this area is determined by the federal law on the prevention of the spread in the Russian Federation of diseases caused by the human immunodeficiency virus, which guarantees for all HIV-infected citizens access to a comprehensive array of services. The Governmental Commission on HIV Infection and the Coordinating Council on HIV/AIDS are working to implement those principles. Members of civil society and people living with HIV actively participate in those bodies.

The Russian Federation clearly recognizes the magnitude of the threat posed by HIV/AIDS and attaches priority importance to the issue. Significant progress has been made in the past two years to improve prevention and access to treatment, care and support for people living with HIV. To that end, major national programmes and projects have been carried out whose objectives are in line with the concept of universal access established by the Joint United Nations Programme on HIV/AIDS.

In the course of the implementation of our priority national project on health care, in 2007 and 2008 the federal budget alone allocated $450 million to diagnosing and treating HIV infection and to the implementation of prevention programmes. That figure is dozens of times larger than it was in the previous period.

In order to identify HIV infection, over 23 million tests are carried out annually. More than 35,000 HIV-infected patients are currently receiving antiretroviral therapy, with more than 90 per cent of HIV-infected pregnant women undergoing full prevention therapy. Those activities will be significantly scaled up this year.

Changes have been made to the system of organizing and providing medical assistance to people with HIV. New standards for treating people living with HIV have been adopted that are consistent with international standards. In 2007, we implemented more than 300 different prevention projects.

Financing has been increased for non-governmental organizations and civil society groups involved in combating the epidemic, above all as regards prevention. For the period 2008 to 2010, $50 million will be devoted to research into a vaccine against HIV infection and to the establishment of a mechanism to coordinate research in Eastern Europe and Central Asia and to harmonize that research with the work of the global HIV vaccine centre.

We attach great importance to international cooperation in the humanitarian field, especially with regard to public health. Combating infectious diseases — especially HIV/AIDS — has been made one of the priorities of the Russian Federation's policy on its participation in international development assistance, which was approved in June 2007. In that connection, in addition to the previous commitment to provide it $40 million, a decision was taken to reimburse the Global Fund to Fight AIDS, Tuberculosis and Malaria in the amount of an additional $217 million. Of that amount, $118.5 million has already been disbursed to the Fund to expand assistance to developing countries.

Our own experience with regard to cooperation with the Commonwealth of Independent States shows that efforts at the regional, subregional and local community levels are becoming critically important. Russia is ready to assume leadership in the region with regard to a number of aspects related to addressing the epidemic. Above all, we view that as a responsibility for expanding technical, financial and organizational assistance. I am confident that the political commitment demonstrated at this meeting, backed by practical measures, will open a new important chapter in the history of global partnership against HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Trevor Mallard, Minister of the Environment of New Zealand.

Mr. Mallard (New Zealand): Let me first thank the Secretary-General for his report (A/62/780) and acknowledge the work of the co-facilitators and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in organizing this 2008 review. We also want to acknowledge the extraordinary leadership of Dr. Peter Piot and thank him for his commitment to our region.

New Zealand is very committed to achieving universal access to prevention, treatment, care and support for people affected by HIV and AIDS by 2010. However, we must all understand what needs to be done. We therefore strongly support the focus of UNAIDS under the theme "Knowing your epidemic". To build on the work done to date, we have to be brave enough to seek out the correct evidence and to know

the truth about our epidemics. We need to have the right information to know the epidemic.

Our data collection cannot reflect reality when people are afraid to tell the truth: if, for example, a young sexually active woman or man says they are not sexually active out of fear that their parents and community will punish and condemn them; if, for example, a drug user cannot get access to clean needles out of fear of being discriminated against and imprisoned; if, for example, a man who has sex with another man says he got HIV from a woman out of fear of public condemnation; if, for example, an HIV-positive sex worker is forced to lie about her HIV status because she knows that there is no other way to feed her children; and if, for example, a wife cannot get the sexual and reproductive health services she needs because her husband does not support her wish to use condoms.

We have witnessed the feminization of HIV/AIDS. We recognize the vulnerability and inequality for so many women in all societies. Violence against women and negative and harmful practices that subordinate women are fuelling the HIV/AIDS epidemic.

Human rights approaches are essential. We in the global community must eliminate stigma and discrimination from the lives of people affected by, and infected with, HIV. We must integrate HIV and sexual and reproductive health programmes. Bringing HIV-related programmes into the mainstream of health systems and through multisectoral approaches will deliver cost-effective outcomes.

HIV/AIDS is a major obstacle to development and is a constraint to achieving the Millennium Development Goals. It cuts across all sectors. The response to HIV and AIDS is linked to the reduction in child and maternal mortality and gender equality. We believe that better coordination at the country level promotes stronger ownership and leadership.

An example of our approach can be seen in our support to countries in the Pacific region to implement the Pacific regional strategy on HIV/AIDS. That includes working with all partners to strengthen health systems and to build workforce capacity to sustain the progress made so far.

New Zealand is one of the world leaders in the area of evidenced-based prevention. We have one of the lowest rates of HIV prevalence. We have achieved that by putting human rights at the centre of our response — by decriminalizing men who have sex with men and making discrimination on the basis of sexual orientation and HIV status illegal and by decriminalizing prostitution and establishing needle exchange programmes. That could happen only through true partnerships between civil society, especially people living with HIV, and the Government of New Zealand.

To make every person count, we must ensure that we count every person. The only way to do that is to eliminate stigmatization and discrimination. Let us act together in solidarity to ensure that, when we meet again in 2011, we have met the 2010 target of universal access to prevention, care, treatment and support. That way we can count our success and know that it is true.

The Acting President: I now give the floor to His Excellency Mr. Ponemek Daraloy, Minister of Health of the Lao People's Democratic Republic.

Mr. Daraloy (Lao People's Democratic Republic): On behalf of the delegation of the Lao People's Democratic Republic, allow me at the outset to express our appreciation for the opportunity to participate in this high-level meeting on AIDS. We highly commend the United Nations for the initiative to organize this timely meeting to undertake a comprehensive review of the progress made in achieving our commitments with regard to HIV/AIDS.

The Lao People's Democratic Republic continues to be classified among countries with a low prevalence of HIV. The prevalence of HIV is less than 1 per cent among the general population. Between 2000 and 2007, the cumulative number of people living with HIV was about 2,500 — with 1,600 having AIDS and 800 having already died.

Despite that low prevalence, we are not complacent. We realize that we are living in an era of regional and global integration. The Lao People's Democratic Republic is making the transition from landlocked country to land-linked hub. That brings both opportunities and challenges. That includes, for example, a rapid increase in the exchange of goods and persons, including migrant workers and tourists, the influence of inappropriate values and lifestyles and the phenomenon of human trafficking. All of that will make us vulnerable to the spread of HIV/AIDS and permanently expose us to the threat of the epidemic.

In order to face that threat, the Lao Government is fully committed to fighting HIV/AIDS and is involving its entire society in that undertaking. To that end, HIV/AIDS has been incorporated into our national growth and poverty eradication strategy, as well as other development policies of the Government. In the implementation of the strategy, we are focused on prevention through the promotion of safer sexual behaviour, while at the same time addressing treatment, care and support. All those activities are targeted at high-risk groups. By doing so, we believe that we can prevent an epidemic among the general population. There are indications that the overall prevalence of HIV among sex workers has stabilized, decreasing from 2 per cent in 2004 to 0.6 per cent this year. The prevalence of HIV among their clients has also dropped.

With regard to our national performance in achieving universal access, the Lao People's Democratic Republic is classified as a country on track, with some challenges ahead. Some progress has been made in that regard — for instance, counselling and testing activities have been expanded, with the number of individuals tested having increased twofold between 2006 and 2007. The coverage of prevention activities among sex-workers is also high, with more than 70 per cent utilizing condoms.

We have also started prevention activities directed at men who have sex with men. We plan to expand those activities with the support of the Global Fund.

We have worked on the issue of preventing HIV among injecting drug users by creating a task force on HIV and drug use.

We are committed to treatment, care and support for people living with HIV. Two facilities are currently providing antiretroviral treatment, with three more planned for the next few years. Coverage in the antiretrovirals programme now stands at 60 per cent. There is no waiting list and everyone in need of antiretroviral treatment is enrolled.

In order to fully achieve the ambitious goal of universal access to coverage by 2010, there is a need for greater political commitment and external support. To date, the support provided by the Global Fund, the United Nations system, development partners and other stakeholders has proved that the universal access indicators can be achieved. In that regard, we would like once again to express our profound gratitude to the donor community for the continued support rendered to us. We hope that we will continue to enjoy such support.

The Lao People's Democratic Republic reaffirms its political commitment to fighting AIDS. AIDS is neither an exclusively global challenge nor one that only confronts a country like ours. We have to make the money work. We have to motivate and support a comprehensive multisectoral response, and we have to keep our focus on social protection, the strengthening of health systems and respecting human rights. We have to integrate HIV into our health system, as the country faces numerous health challenges.

We are pleased that the Lao People's Democratic Republic remains classified as a low-prevalence nation. We think that our national efforts to date have contributed to that low prevalence. However, we know that we are at risk as a nation. Continued action is necessary. We are committed to taking that action. However, the Lao People's Democratic Republic is one of the least developed nations in the world. Our economy is growing, but our resources are still limited. We request continued and increased support for our future efforts to remain a low-prevalence nation. A modest amount of support now can forestall a much greater problem in the future.

With such an approach and with determination, we will cooperate with all our partners in the greater Mekong subregion and in the Association of Southeast Asian Nations, as well as with neighbouring countries in the Western Pacific region and countries in other parts of the world. With such conviction, let us wish the high-level meeting full success.

The Acting President: I now give the floor to His Excellency Mr. Bernat Soria, Minister of Health and Consumer Affairs of Spain.

Mr. Soria (Spain) (*spoke in Spanish*): It is an honour for me to participate for the first time in the deliberations of the General Assembly. I would like to begin by pointing out the relevant role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and by expressing our appreciation to Dr. Piot, its Executive Director, and his entire team for the achievements made. His vision of the response necessary in the face of AIDS, the enormous capacity for work he has demonstrated and his political and

cultural acumen have been crucial in defining how the world must respond to an epidemic.

I should first like to express my support for the statement made on behalf of the Slovenian presidency of the European Union and to explain how my country has met its commitments at the national and international levels.

Although Spain was the European country in which the epidemic had the greatest impact, we can nevertheless say that since the mid-1990s we have experienced a favourable evolution in its decline. That result was possible due to the framework we put in place to involve all stakeholders in acting in a coordinated way, as well as to the fact that there is universal coverage as regards prevention and treatment. The participation of non-governmental organizations (NGOs) and affected persons themselves in that framework was also crucial in developing preventive policies and ensuring access for the most vulnerable members of the population. Some of those NGOs are represented here today, and I express to them my heartfelt appreciation. Moreover, in the context of that framework, we continue to emphasize the need to renew our commitment to prevention, for the strategies we have put in place are continuing to prove their effectiveness. In that connection, I should like to underscore the effectiveness of harm reduction strategies, which have been at the centre of our prevention strategy.

Those programmes were put in place in Spain during the final decade of the twentieth century, as we understood and accepted the root cause of the problem. This is not a matter of changing the habits or sexual orientation of people; rather, it is about reducing risky behaviours and providing solutions that do not clash with reality and can be accepted by the most vulnerable groups. As the Assembly is aware, the availability of sterile syringes for all injecting drug users and the provision of opiate substitution treatment continue to be crucial to controlling HIV and the hepatitis-C virus.

We in Spain have just adopted — unanimously and with the consent of all the relevant administrative bodies — a new plan to combat HIV/AIDS infection that takes into consideration the efforts to be made in the next five years and relies on cooperation and consensus from all those affected. It is a plan in which combating stigmatization and discrimination are among the main priorities. Protecting human rights through solidarity, tolerance, respect for diversity, the defence of confidentiality and voluntary diagnostic testing has enabled early detection and a more adequate response.

My Government is pursuing the achievement of the Millennium Development Goals as a great opportunity to promote a global vision of progress. We have therefore bolstered our institutional presence and participation in cooperation programmes that prevent discrimination on the basis of age, gender, ethnic origin or social status.

Apart from being an ethical imperative, reducing the prevalence of AIDS and many other diseases that could become globalized is an essential joint task in achieving harmonious and sustainable human development. In order to reduce the burden created by those diseases and alleviate their devastating consequences, we must follow a medications policy that allows universal access to essential drugs.

In recent years, Spain has made a remarkable effort in the area of international cooperation. The goal has been to reduce the growing gap between needs and the resources available. Our official development assistance (ODA) for 2008 will exceed €5.5 billion, thereby making it possible for us to meet the commitment of devoting 0.5 per cent of our gross domestic product (GDP) to ODA and putting us on track to achieving the 0.7 per cent target by 2012.

Our development assistance committee recently determined that Spain was the donor to have most increased its assistance in 2007. That makes us the seventh largest donor in absolute terms, and ninth when our aid is viewed in relation to GDP.

Ms. Ataeva (Turkmenistan), Vice-President, took the Chair.

Our Government is also continuing to increase its contributions to other multilateral bodies, such as the International Drug Purchase Facility, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. We know that many prevention and treatment needs are not being met. In that regard, we shall continue to work and to invest in cooperation until we have honoured the commitments we have undertaken.

I should like to conclude by acknowledging the efforts made by international organizations, Governments, NGOs and the private sector in the fight against this epidemic. UNAIDS and the Global Fund have multiplied their budgets many times over and

intensified their technical and political efforts in order to improve results.

The special session of the General Assembly that we are marking today succeeded in making changes to many political agendas. The number of persons who have access to prevention and treatment services today cannot be considered an absolute success, but it can be viewed as great progress.

The Acting President: I now give the floor to His Excellency Mr. Abdallah Abdillahi Miguil, Minister of Health of Djibouti.

Mr. Miguil (Djibouti): I should like to express my gratitude for the opportunity to address the General Assembly at this very special event on behalf of His Excellency the President of the Republic of Djibouti and his Government. Allow me also to express our thanks to the Office of the Special Adviser on Africa and the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, which initiated a side event on a very important topic on the theme of "Universal access to affordable diagnostics, prevention and treatment: in search for sustainable solutions".

HIV/AIDS has become one of the most devastating killers in the world, causing death to millions and increasing the overwhelming socio-economical backwardness of many developing countries. Nevertheless, the world's awareness of HIV/AIDS increased with the General Assembly's establishment, in 2001, of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which harnessed the efforts and resources of the organizations of the United Nations system in order to respond to AIDS, help the world prevent new HIV infections, care for people living with HIV and mitigate the impact of the epidemic. There has been considerable improvement since then, focused on efforts and strategies to prevent the spread of the epidemic, especially in least developed countries.

With regard to the situation in my region, we can say that there is no single epidemic in the Middle East and North African region (MENA). HIV is continuing to spread insidiously in the region. Most MENA countries are experiencing some increase in the number of reported cases of HIV and AIDS. The situation in the Sudan and Djibouti, where 2.6 per cent and 2.9 per cent, respectively, of the adult population is estimated to be infected with HIV, is in contrast with those of other MENA countries. Some countries, such as Iran, are experiencing concentrated epidemics among injecting drug users; while in other countries there is increasing evidence of an elevated prevalence of HIV in specific geographical locations and populations.

Many countries in MENA have recently set or revised targets within their national strategic plans on HIV/AIDS in an effort to move towards universal access to HIV prevention, treatment, care and support. However, the main challenges that hamper sustained progress towards achieving universal access in MENA encompass the sustaining prioritization and public resources for AIDS in perceived low-prevalence contexts; increasing HIV prevention services for those who are most in need; ensuring affordable and sustained availability of treatment and commodities; addressing the exacerbating impact of conflict, particularly on health systems and provision of services; improving and increasing medical follow-up and psychological support for people living with HIV; and decreasing the stigma and marginalization of people most at risk, including those living with HIV.

Since 2003, Djibouti has opted for a multisectoral strategy uniting more than 12 ministries, coupled with strong involvement of civil society, in order to bring appropriate, efficient and concerted responses to mitigate the spread of HIV/AIDS. With a strong political engagement, we have been able to accomplish positive results in providing appropriate services with the aim of achieving universal access to prevention, treatment, care and support.

The result of our engagement towards universal access has been positive, with the prevalence rate dropping from 2.9 per cent in 2002 to 2.1 per cent in 2007, based on the estimates of the national AIDS programme.

In terms of care, more than 1,136 patients — 40 per cent of the target — are being followed up, with 736 patients under antiretroviral treatment since 2002. Voluntary counselling and testing is provided in more than 29 out of 44 hospitals and health centres all over the country.

The multisectoral strategy gives priority to community-based programmes that work with more than 200 non-governmental organizations (NGOs) to provide prevention services to vulnerable groups and to promote behaviour change, communication and advocacy, targeting the whole population. Community-

based programmes are also working closely with associations of people living with HIV/AIDS, who participate and share experiences in the area of prevention and care, and thus overcome stigma and discrimination vis-à-vis the epidemic.

Nevertheless, outstanding efforts have been made with the Ministry of Religious Affairs in adopting a common view with respect to issues related to discrimination and stigma and the position of religion on HIV/AIDS questions. Important achievements were also made by the Ministry of Justice and the parliament in officially adopting laws protecting the rights of people who are living with HIV/AIDS.

The fight against HIV/AIDS in the MENA region can only be fruitful if partnership among member countries is encouraged and strengthened, taking into consideration a number of key issues such as the following: A window of opportunity to avoid the further spread of HIV still exists in MENA. The continuous engagement of leaders in low, concentrated and generalized epidemics in MENA needs to be sustained and reinforced to overcome barriers to universal access and to prevent HIV from spreading further.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) must continue to support and advocate maintaining a response to AIDS in the social, health and developmental agenda. Investing efforts on knowing the status of the epidemic, including generating understanding of localized epidemics and factors of vulnerability to HIV, will serve to overcome the dangerously false assumption of relative security from HIV in the MENA region.

A partnership of decision makers from the different sectors of health, social affairs, education, law enforcement and justice, on the one hand, with religious leaders, communities, civil society and people living with HIV, on the other, is essential for ensuring HIV prevention, treatment, care and support services, reaching those in need at the community level.

HIV prevention programmes need to be urgently implemented and must be commensurate with the needs of young people at risk and marginalized populations, including drug users, men who have sex with men, sex workers, prisoners and migrants and mobile populations.

We need to overcome obstacles related to stigma to HIV and social exclusion, to address the needs of women and to ensure equal access to services for all those in need. Affordability of commodities and universal access to treatment, care and support remains a key priority in the response to the epidemic.

All partners — Governments, civil society, international collaborators and UNAIDS — should advocate and ensure affordable commodities, reduce antiretroviral drug prices and ensure access to services based on the principle of equity. People living with HIV are at the heart of the response and part of the solution. We need to continue to promote the participation of those living with HIV and of civil society in policy forums, decision-making and implementation as equal actors. Governments, international partners, civil society and those living with HIV need to ensure that resources reach communities with services and strengthen the links of prevention with access to treatment and care, including in the context of post-conflict situations.

Realizing Millennium Development Goal 6, on HIV/AIDS — to halt and reverse the spread of the epidemic by 2015 — requires far greater access to HIV prevention services and AIDS treatment, care and support than is currently being achieved in my country. The current pace of most of our responses are far too slow in reaching all in need of HIV information and services. This is because of the number of people being tested for the virus, as well as antenatal testing of pregnant women and the number of patients with tuberculosis who undergo HIV testing, is low.

Sustainable solutions can only be attained by implementing concerted strategies and uniting our efforts, by giving priority to programmes targeting the most vulnerable groups and by enhancing engagement in achieving universal access.

The Acting President: I now give the floor to His Excellency Mohamed Ould Mohamed El Hafedh Ould Khil, Minister of Health of Mauritania.

Mr. El Hafedh Ould Khil (Mauritania) (*spoke in Arabic*): At the outset, allow me to extend my thanks to Mr. Srgjan Kerim, President of the sixty-second session of the General Assembly, for organizing this high-level meeting on AIDS. We would like to extend our thanks to Secretary-General Ban Ki-moon for the efforts undertaken by the Organization to combat this devastating disease, efforts that are reviewed in his progress report on implementing the Declaration of

Commitment and Political Declaration on HIV/AIDS (A/62/780).

We meet today two years after the General Assembly's high-level meeting on AIDS, which was attended by a large number of decision makers and influential actors at the international level who declared that efforts to combat AIDS should be sustainable and extraordinary. Achievements attained since that meeting in combating this devastating global disease amount to a qualitative leap. There is now a strong and effective international will and great hope of engendering progress against this disease and in reaching the objectives to which we all aspire.

The Islamic Republic of Mauritania has experienced great changes in the area of democracy that have led to the establishment of democratic institutions and a peaceful and democratic transition of power. These changes have resulted in the founding of a State based on the rule of law and the practice of transparency in all areas of public life. They have brought the administration nearer to its citizens and are now involving civil society in decision-making with respect to development and the promotion of national unity and ethics in public life. All this leads to respect for the freedom and dignity of human beings and allows civil society institutions to engage in the struggle against this disease.

Since humankind is the source and the purpose of development, HIV/AIDS is one of the most serious problems that our contemporary world faces. In order to confront this serious danger and despite the low rate of infection in Mauritania, which is no more than 0.62 per cent, according to the latest survey conducted in 2007, my Government has put at the top of its agenda the control of and fight against HIV/AIDS. The Prime Minister of Mauritania presides over the country's national committee to fight HIV/AIDS, which welcomes all those involved in this field to participate actively. Indeed, Government sectors and civil society are working in a coordinated and cohesive manner to establish national plans for eradicating this disease.

To improve the social and economic conditions of the population, the efforts to eradicate AIDS involve poverty reduction, in view of the dialectical relationship between HIV/AIDS and poverty. Allow me therefore to recall that Dr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), urged world leaders to view the disease within the context of economic and social development as well as security. I would like to add that the struggle against HIV/AIDS requires a complete renovation of the international health-care system.

The Islamic Government of Mauritania has cooperated with our development partners in a strategy to combat poverty that views the fight against HIV/AIDS as part of its national development plan. A necessary funding mechanism should be established for that purpose and a public policy must be elaborated that allows us to obtain the funds necessary for a sustainable, effective, multisectoral response. The Mauritanian experience in the control of this disease is distinguished by the serious and active participation of the clergy, in particular imams associated with mosques, and by the mobilization and the raising of awareness through Islamic education. The Association of Mosque Imams of Mauritania holds the presidency in Central and West Africa of an organization that plays a central role in combating this disease.

With the assistance of our development partners, we have established an HIV/AIDS treatment and cure centre as well as a large number of free voluntary testing centres for preventive epidemiological control and for preventing transmission of the virus from mothers to children. This is in addition to the mobilization and awareness-raising programmes that have been sponsored in Government ministries and at private institutions. We must refer here to the pioneering role undertaken by civil society organizations in mobilization and awareness-raising with respect to preventing HIV/AIDS. Indeed, associations of people living with the disease, as well as women's associations, play a very important role in this area.

Promoting these endeavours on the institutional level, the Mauritanian parliament has ratified a special law to fight HIV/AIDS, and many parliamentarians are very active in this field. In the same context, a national strategy has been adopted to care for those living with HIV/AIDS without discrimination and without cost to the patient for treatment and medication. Foreigners who reside in our country are also eligible to avail themselves of the same services that Mauritanian citizens enjoy. The free treatment includes antiretroviral drugs, medication for opportunistic diseases, testing, transportation to care centres and the provision of foodstuffs. Many HIV-positive persons

and those living with HIV/AIDS avail themselves actively and effectively of these services and activities.

In order to see to the interests of those living with HIV/AIDS, two persons living with HIV/AIDS are working with the Executive Secretary of Mauritania's national committee to fight HIV/AIDS. We would like to point out that these efforts have been recognized internationally through an award given recently to Mauritania at an annual meeting held in Madagascar last March.

To conclude, on behalf of Mauritania, I would like to commend the huge efforts undertaken by the international community to confront this disease, along with the determination of people who have contributed to improvements in so many areas. However, this recognized improvement does not lessen the need to remain aware of the seriousness of the disease. It is not just a health problem; it is an economic and social problem as well.

I would like to take this opportunity to extend my profound and sincere thanks and appreciation to all our partners in development for the support they give to all the development programmes in my country, in particular, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. I would like to stress and renew Mauritania's unshakable commitment to continue its efforts in order put an end to the spread of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Tomica Milosavljevic, Minister of Health of Serbia.

Mr. Milosavljevic (Serbia): It is a great honour and privilege for me to represent Serbia at this high-level meeting of the General Assembly. Allow me first to thank the Secretary-General for his report (A/62/780), which not only provides a comprehensive assessment of the actions undertaken and the progress achieved worldwide but also gives us an overview of the difficulties and challenges at the global level.

The number of AIDS patients and AIDS-related deaths has decreased in Serbia over the past eight years. The cumulative number of HIV/AIDS cases reported prior to December 2007 was 2,200, out of which 1,398 patients developed AIDS and 923 died. The majority of the people infected with HIV in the past were subsequently diagnosed as having full-blown AIDS — more than 70 per cent. But recently these figures have begun to decrease to 53 per cent in 2003 and 30 per cent in 2005 and 2007.

The number of persons obtaining free-of-charge confidential and anonymous HIV testing has increased, as has the level of promotion of friendly and highly professional voluntary confidential counselling and testing services at the institutes of public health in most of the districts of the country. Media coverage has also intensified, which helps us reduce the stigma and discrimination associated with HIV testing.

There have been some important achievements in the past several years. First, a national commission to fight HIV/AIDS was set up in 2002 under the Minister of Health. The commission is also comprised of other professionals as well as representatives of civil society and non-governmental organizations dealing with HIV/AIDS. People living with HIV are also involved and take an active role in the creation and implementation of HIV policy.

In addition, the Government of Serbia launched in 2005 a national strategy through the year 2010 as a result of the desire to take joint action and use a multisectoral approach involving non-governmental organizations.

A national office for HIV/AIDS was established in 2006 within the institute of public health of Serbia. As the entity responsible for surveillance and monitoring of HIV response on the national level, the office is designed to host a centralized country response information system.

In 2007, the national commission to fight HIV/AIDS adopted guidelines for clinical management and treatment of HIV infection setting forth qualifying criteria for the provision of highly active antiretroviral therapy. These guidelines have been developed in accordance with recommendations provided by the European AIDS Clinical Society.

Serbia received a grant of €9.5 million from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for the implementation of a coordinated country proposal designed to scale up Serbia's national HIV/AIDS response by decentralizing the delivery of key services for the period 2007-2012. The overall goal of the programme is to halt the spread of the disease among vulnerable groups, namely injecting drug users, men who have sex with men, commercial sex workers,

Roma youth, prisoners, institutionalized children and children without parental care, as well as to provide care, support and treatment to people living with HIV/AIDS.

Prior to 2007, the treatment of HIV/AIDS patients was organized in one centre, but by the end of 2008, three additional departments are to be opened in university centres.

In coordination with the Ministry of Health's project coordination unit and with the support of a network of non-governmental organizations, several round tables dealing with stigma and discrimination were organized in Serbia. An international AIDS candlelight memorial was observed and representatives from a number of countries participating in the Euro Song 2008 Contest, held in Belgrade during this year's memorial, provided support. All of these activities contribute a framework for joint action and a unique national response to the HIV/AIDS epidemics in Serbia.

Serbia's national surveillance system lacks certain specific data such as behavioural determinants of HIV prevalence in the most at-risk populations. Preliminary figures show that the prevalence of HIV among these populations is higher than in the general population.

HIV/AIDS awareness is very high in Serbia, with almost all adolescents, aged 15 to 19, as well as 91 per cent of the adult population, having heard about HIV/AIDS, based on results from a 2006 national health survey.

Serbia's national AIDS programme is funded from a variety of sources: one third of the funds allocated for HIV/AIDS are covered directly by the Republic's budget and two thirds, mainly devoted to treatment and diagnostics, by the national health insurance fund. Local and municipal health authorities are increasingly committing resources for the implementation of local health programmes implemented both by local health institutions and non-governmental organizations. It is assumed that this trend will continue.

The stigma of AIDS is still highly prevalent in Serbia among the general population, as well as in the health sector.

In 2000, the incidence of HIV-infected persons per 1 million was, as a baseline, 10.2; in 2006, 7.0, and in 2007, 5.7, with the target for 2015 being 5.0. The AIDS mortality rate was at a baseline of 6.4 in 2000, 3.2 in 2006 and 2.0 in 2007.

The condom use prevalence rate among young people during high-risk sexual activity was at a baseline of 33 per cent in 2000 and 75 per cent in 2006. The 2015 target on this issue is 80 per cent.

In our country, the targets within Millennium Development Goal 6 have been adjusted to the actual situation and possibilities, while indicators have been selected in such a way as to enable the monitoring of the basic situation from year to year.

Allow me to conclude by again underlining our strong commitment to continue and improve our local and global actions, together with all Member States. This is our substantial, common mission against the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency Mr. Pehin Dato Suyoi Osman, Minister of Health of Brunei Darussalam.

Mr. Osman (Brunei Darussalam): At the outset, my delegation would like to take this opportunity to commend the Secretary-General for convening this high-level meeting on HIV and AIDS. It is important and timely that we review the progress made in our Declaration of Commitment on HIV/AIDS and renew our political commitment to stop this scourge.

The report of the Secretary-General on the status of the HIV/AIDS pandemic reveals that in 2007, the number of new HIV infections was 2 to 5 times higher than the increase in the number of people receiving antiretroviral treatment.

Brunei Darussalam is fully committed, and is on track, towards achieving the targets of the Millennium Development Goals (MDGs) which include ensuring universal and equitable access to better and comprehensive health-care services. His Majesty's Government provides free and comprehensive health care to all citizens and permanent residents of Brunei Darussalam.

Antiretroviral drugs are readily available with 100 per cent coverage, including second and third-line therapies for those who require them. All pregnant mothers continue to be routinely screened for HIV. By ensuring that all HIV-positive mothers receive antiretroviral treatment and that all deliveries are done

by fully trained personnel, the risk of mother-to-child transmission of HIV has been virtually eliminated.

Brunei Darussalam continues to record a relatively low number of cases of HIV, with only 39 reported over the past 22 years. However, we cannot afford to be complacent, as sexually transmitted infections are on the rise and the population continues to become increasingly mobile. We recognize that unsafe sexual practice is the main mode of transmission.

In this regard, great efforts are directed towards HIV prevention programmes which aim at increasing sexual health awareness, particularly targeting youths, through multisectoral collaboration between Government and non-governmental agencies, such as the Brunei Darussalam AIDS Council and Youth Council, as well as between the Government and community leaders.

This underlines the importance of intervention that utilizes the efforts of civil society in HIV/AIDS prevention. Other prevention and control strategies include ensuring the safe supply of blood and blood products and intensifying surveillance of high-risk groups.

In conclusion, I would like to take this opportunity to commend the Secretary-General for his endorsement of the first HIV/Tuberculosis Global Leaders Forum to address the issue of HIV-tuberculosis co-infection.

Brunei Darussalam has been successful in achieving the World Health Organization's objectives of reducing tuberculosis mortality and morbidity, transmission of infection and of preventing the development of drug resistant tuberculosis. This has been accomplished through the rigorous implementation of our national tuberculosis programme, which includes provision of a directly observed treatment short course for all tuberculosis cases in the country. All tuberculosis cases are also routinely screened for HIV. Brunei Darussalam, however, recognizes the threat posed by HIV/Tuberculosis co-infection. We join the global community in its call for effective action against this problem.

Finally, the Brunei Darussalam delegation wishes to congratulate you, Mr. President, for your able leadership towards a very productive and successful meeting.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. André Mama Fouda, Minister of Public Health of Cameroon.

Mr. Fouda (Cameroon) (*spoke in French*): Allow me, first of all, to thank the Secretary-General for his report (A/62/780) on the midterm progress achieved in reaching the Millennium Development Goals with respect to the Declaration of Commitment and the Political Declaration on HIV/AIDS, endorsing the relevant provisions of the Declaration of Abuja as well as the Declaration of Commitment on HIV and in partnership with civil society and with the associations of persons living with HIV/AIDS.

In 2006, the Government of Cameroon developed a multisectoral five-year strategic plan with a view to achieving the goals set for 2010. This plan involves the coordinated participation of several ministerial structures, local and religious communities as well as non-governmental organizations.

With a zero-prevalence rate of 5.5 per cent among the adult population, aged 15-49, HIV infection is a true public health challenge and a genuine obstacle to development. Young people between the ages of 15 and 24 and women are paying the high cost of the pandemic.

The social and economic impact of this pandemic is dramatic. In 2007, 543,294 were living with HIV. Among them, there were 44,800 children. In the same year, there were 46,000 adult deaths linked to AIDS, thus bringing the number of orphans from this scourge to roughly 305,000.

Given this tragic context, the Government resolved to make the fight against HIV/AIDS one of its greatest priorities. Significant progress has been achieved since then, namely in the area of prevention, universal access to service and care, and in providing support to orphans and vulnerable children, as well as through multifaceted partnerships.

With respect to universal access and prevention, HIV counselling is free for pupils, students, men in uniform, prisoners, pregnant women and people suffering from tuberculosis. The prevention of mother-to-child transmission has become a basic service in almost all of the health centres. As of 2007, there were 739 health clinics that offer prevention of

mother-to-child transmission, covering 70 per cent of districts in the country.

HIV/AIDS education is now part of the curricula in primary and secondary schools. In 2007, 1,896 teachers were trained with the support of UNESCO. HIV/AIDS education is now present in 400 schools. Major efforts have been made to make condoms available and accessible. In 2007, 26,173,000 condoms were distributed. Additionally, thanks to the "Holiday without AIDS" almost 500,000 young people were made aware of the pandemic in 2007.

With respect to universal access to care and treatment, Cameroon is continuing to intensify its policy to gradually decentralize care for patients through a district approach. The number of health clinics providing medical coverage for people living with HIV has gone from 91 in 2005 to 113 at the end of 2007.

Thanks to co-funding between the Government and the Global Fund the antiretroviral treatment is free in Cameroon and has been so since 1 May 2007. Roughly 85 per cent of pre-therapeutic assessments and biological follow-up is subsidized. This has considerably increased the number of patients treated with antiretroviral treatment. The number of people receiving this treatment increased from 17,156 at the end of 2005 to 45,817 by the end of 2007.

Four hundred community officers were recruited in 2006 to ensure the psychosocial follow-up and care for persons living with HIV.

With respect to orphans and vulnerable children, a national programme was set up in cooperation with the Ministry of Social Affairs. Fifty-two non-governmental organizations and associations have been recruited throughout the country and provide holistic support to the orphans and vulnerable children. By the end of 2007, 45,186 orphans and vulnerable children had benefited from assistance thanks to funding from the Global Fund and from UNICEF. Another element which contributed to an improved environment for these children are measures taken by the Ministry of Education for school enrolment.

The progress of Cameroon in the fight against HIV/AIDS would have been limited without the ongoing support of bilateral and multilateral partners, among which we must thank the Global Fund, bilateral cooperation agencies, United Nations agencies as non-governmental organizations in the field of development.

However, the constant increase in the number of patients receiving antiretroviral treatment following the establishment of free coverage for it and the improvement of life expectancy of these patients has unfortunately led to an increase in the need for antiretroviral treatment and biological follow-up.

The major challenges before us are, therefore, making sure that antiretroviral treatment remains free of charge, continuing to provide free biological follow-up to all patients, ensuring them a proper diet and, now, to reinvest in health clinics which are taking care of a growing number of patients from one month to the next.

The challenge, of course, lies in the necessary increase of the budgets allocated to AIDS and, in this respect, it is crucial to continue to provide all essential support to the Global Fund. Donors to whom we would like to pay a special tribute are engaging in tireless efforts to provide support to our countries in the fight not only against HIV/AIDS, but also against tropical diseases which are true obstacles to the socio-economic development of our States.

We are pleased at the attainment of the objective set in 2001 to mobilize $10 billion in the fight against AIDS in low- and medium-income countries, even though this was achieved two years late: in 2007 instead of 2005. But this massive and effective mobilization proves that if we want to do it, we can.

At the same time, there are fears that the current food crisis could considerably reduce the increases we have seen in the last few years in the funds per inhabitant that the most affected countries devote to the fight against AIDS. That is why the discussion under way on the food crisis should be comprehensive and global.

In conclusion, I would like to say that Cameroon will pay special attention to the recommendations in the report of the Secretary-General. We are pleased with the central role played by the United Nations in strengthening and supporting the fight against HIV.

The Acting President: I now give the floor to Her Excellency Ms. Jiko Luveni, Minister of Health, Women and Social Welfare of Fiji.

Ms. Luveni (Fiji): I join previous speakers in congratulating all who have been chosen to preside over this important meeting.

My delegation wishes to associate itself with the statement delivered by the representative of the Republic of the Marshall Islands on behalf of the Pacific small island developing States.

Fiji wishes to express its appreciation to the United Nations for its leadership on the General Assembly's HIV/AIDS reporting process. Certainly, the direction the United Nations has given us in addressing the HIV epidemic has helped us to redirect our health system in quite fundamental ways. We have initiated a programme in which we have drawn partners from outside the traditional health service sector. In this effort, we have involved groups of people who are most at risk of HIV infection.

We are fully committed to achieving universal access to HIV prevention, care, treatment and support. We have already made important progress towards this goal. Fiji was the first country in the Pacific region to conduct national consultations to set targets for the scaling up of universal access. This has provided a framework to monitor and evaluate the impact and outcomes of HIV-related programmes. The Fiji Government makes a specific budget allocation to the national HIV and AIDS programmes.

The Government is now in the process of enacting legislation to give legal status to the National Advisory Committee on AIDS to function as an independent body to coordinate national HIV-related activities and policy implementation. The membership of this Council will be drawn from all sectors of society, including most-at-risk populations and people living with HIV. Overall, 40 per cent of the members of the council will represent non-governmental organizations.

We recently established a country coordinating mechanism to plan for and manage the implementation of international donor-funded activities relating to HIV/AIDS. Again, the membership of the mechanism is drawn from all sectors, including Government, civil society, faith-based organizations and people living with HIV/AIDS.

It is interesting to note that Fiji recently passed the Employment Relations Bill, which provides for protection of people living with HIV/AIDS against discrimination in the workplace.

In 2007, Fiji formulated its third national strategic plan to address the HIV/AIDS epidemic, which will direct all national activities to 2011. Again, that includes all groups of people at greatest risk of HIV infection — sex workers, men who have sex with men, street children, mobile workers such as seafarers and the uniformed services, young people and women.

Fiji has maintained a low rate of HIV prevalence and stakeholders are committed to keeping that rate low. Like other Pacific Island countries, Fiji has a small population but one that is highly vulnerable to an HIV/AIDS epidemic. Fiji and our neighbouring countries are at high risk because of the high proportion of youth in our populations, our fast rate of social change, the high mobility of our populations, and growing levels of poverty and unemployment.

Fiji also recognizes that HIV/AIDS goes far beyond being only a health issue. Containing and reversing the epidemic is critical to all aspects of our development, the maintenance of our well-being and the preservation of our cultures. In that respect, women play a vital role and their involvement in the decision-making process is very important. In 2008, the minister responsible for women was included as one of the five members of Fiji's National Security Council. Moreover, all hospital boards have included women; 190 women have been made board members of hospitals throughout Fiji. The Government has agreed that the membership of all Government councils and boards will be comprised of at least 30 per cent women to increase to 50 per cent in the near future. National women's organizations have made HIV/AIDS issues central to their programmes, recognizing the fundamental vulnerability of women and the potential of an HIV/AIDS epidemic to derail all other national progress.

Fiji recognizes the vital role NGOs play in moving the HIV/AIDS programme forward to help achieve universal access and the Millennium Development Goals. Of particular interest is the NGO Fiji Network for People Living with HIV/AIDS, which was registered in 2004. Fifty per cent of the members have made their status public and are mobilized nationwide as HIV advocates. That has been made possible with the support of the Joint United Nations Programme on HIV/AIDS, the Australian Agency for

International Development, the World Council of Churches, the Global Fund and the Pacific Islands AIDS Foundation.

It is crucial that we retain only low levels of HIV infection, and that is where our commitment to universal access provides us with the best strategy for HIV/AIDS prevention, treatment, care and support programmes. In maintaining our own political commitment to addressing the threat of HIV/AIDS, we depend on sustained commitment from the global community.

We reaffirm our commitment to the 2001 General Assembly special session on HIV/AIDS and look forward to reporting our progress to the Assembly in 2010.

The Acting President: I now give the floor to the Her Excellency Ms. Batsereedene Byambaa, Minister of Health of Mongolia.

Ms. Batsereedene (Mongolia): On behalf of the Government of Mongolia, I wish to extend our great appreciation to President Kerim for convening this important and timely meeting. My delegation also commends the strong leadership of Secretary-General Ban in the global fight against AIDS.

We agree with the main conclusion of the Secretary-General's report (A/62/780) that the world is now at a critical moment in its response to the HIV/AIDS crisis. The important progress made against HIV/AIDS since the 2001 General Assembly special session in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services, and broad consensus on the "Three Ones" principles provides a solid basis for globally sustainable, longer-term strategies.

Although Mongolia is among the low-prevalence countries, it is highly vulnerable to the HIV/AIDS epidemic due to such factors as the high prevalence of sexually transmitted infections, excessive alcohol use, prostitution, high numbers of sexually active young people, increased migration and recent indications of intravenous drug use. To effectively address those challenges, my Government has taken significant steps to improve its national response through applying the "Three Ones" principle. Mongolia has adopted a national strategy on HIV/AIDS and re-established its national AIDS committee, led by the Deputy Prime Minister.

Despite its efforts to implement an agreed HIV/AIDS action framework under the guidance of one coordinating body and one country-level monitoring and evaluation system, Mongolia is faced with a number of challenges. Let me cite some of the important challenges we face.

First, evidence is important to get a true picture of the problem. Despite the fact that prevention, public awareness, treatment and care interventions have been conducted at a reasonable level, many stakeholders questioned the quality and reliability of the indicators reported in the sentinel surveillance.

The second challenge is the issue of funding. Ongoing programmes and interventions are funded mainly by external resources. In order to take ownership of those, the Government needs to improve its commitment to a sustainable financing mechanism and adopt a proactive policy.

Thirdly, we acknowledge the weak involvement and collaboration of the different stakeholders, including non-health sectors, civil society and the private sector. We can strengthen involvement and collaboration through a fully committed and functional national AIDS committee. The Government has taken measures to expand the network of its outreach by establishing local HIV/AIDS committees and subcommittees at the Ministry of Roads, Transportation and Tourism, the Ministry of Justice and Internal Affairs, and the Ministry of Defence.

Fourthly, strengthening human and institutional capacity remains a major challenge. Here, we rely largely on our continued collaboration with United Nations agencies and other multilateral and bilateral partners. Other avenues of cooperation could be helpful, including mentoring programmes; strategic partnerships and staff exchange programmes between institutions; and sharing technical expertise and experience with other countries.

All in all, we could sum up by saying that the lessons learned during the implementation of our national strategy on HIV/AIDS have helped us achieve a critical review of the defined priorities, strategies and approaches. The revised plan strives to address longer term and costed outputs to achieve the interrelated Millennium Development Goals.

In addition to our national efforts, Mongolia initiated and hosted a regional conference in Asia for

low-prevalence countries in October 2006. The conference produced the 2006 Ulaanbaatar Call for Action, which appealed to Governments, civil society, donors and multilateral institutions to continue their support to low-prevalence countries. We are grateful to our regional partners and United Nations agencies for recognizing the challenges faced by low-prevalence countries and for extending their support in organizing a second regional conference, to be held in August in the Philippines.

In conclusion, I would like to thank all our partners and donors, especially the United Nations system, for their continued support. Mongolia wishes to reaffirm its strong commitment to the full implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS and fully supports the steps undertaken by the Secretary-General in our common fight against HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Malick Njie, Secretary of State for Health and Social Welfare of the Gambia.

Mr. Njie (Gambia): It is with great pleasure and a sense of urgency that I accept this invitation to participate in the General Assembly's high-level meeting on HIV/AIDS on behalf of His Excellency Dr. Al Hadji Yahya A. J. J. Jammeh, President of the Republic of the Gambia.

Allow me to express my delegation's appreciation for the professional manner in which the President of the Assembly has been guiding our deliberations.

HIV/AIDS is one of the greatest threats to the security and development of the world and a major obstacle to the attainment of many internationally agreed development goals, including the Millennium Development Goals. The HIV/AIDS pandemic is a genuine global emergency, taking the lives of 8,000 people a day and threatening the lives of tens of millions more as the infection continues to spread around the world. HIV/AIDS is a social disease. It has no barriers and does not discriminate on the basis of sex, race, class, location, education or sexual orientation.

In the Gambia, our 2006 National Sentinel Surveillance Study revealed a prevalence of 2.8 per cent for HIV-1 and 0.9 per cent for HIV-2. Countries such as ours still have a window of opportunity. It is in that context, therefore, that this high-level meeting is timely and relevant, providing the framework for reflection on our efforts at the global, regional and country levels.

In the past few years, we have created a National AIDS Secretariat, chaired by His Excellency the President, and a National AIDS Council, under the President's office, charged with the responsibility of coordinating a multisectoral national response to HIV/AIDS.

We have also succeeded in providing additional resources in our efforts to win the battle against the epidemic. The Government, in partnership with United Nations agencies, non-governmental organizations and other civil society organizations, has been working to educate and create awareness on HIV/AIDS.

In the area of treatment, care and support, my Government, in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been providing antiretroviral medicine free of charge to people living with HIV/AIDS. The Government recognizes the important role of people living with HIV in the fight against HIV/AIDS. Their involvement is an important component in our national strategy. In collaboration with partners, 10 support groups were established and are being supported in the fight against stigma and discrimination. They are also represented in the National AIDS Council.

Our national response strategies will continue to enhance awareness programme activities on HIV/AIDS and promote behavioural change communication. Through the National Aids Secretariat, the Department of State for Health and Social Welfare and other partners, prevention of parent-to-child transmission services are being scaled up in all regions. Voluntary counselling and testing and antiretroviral treatment services are also provided and promoted.

Notwithstanding these achievements, there still remain some significant obstacles requiring urgent action. One such obstacle to HIV/AIDS prevention, care and support is fear, stigma and discrimination. It is of real concern that, after two decades of HIV/AIDS, stigma and discrimination still remain a problem in our efforts to control this epidemic.

Another challenge to our efforts, and particularly to the laudable initiative of universal access to prevention, treatment, care and support, is the critical

shortage of skilled human resources for health-care delivery.

Over the past few years, our response has led to wider participation by non-governmental and community-based organizations in the fight against the disease. Although that multisectoral approach is commendable and very positive, it has compounded the problem of coordinating our interventions.

The environment has improved in terms of preventing HIV/AIDS in our society as a result of renewed political commitment. We must continue that trend in order to facilitate prevention, care and support. We must encourage and promote the translation of knowledge into positive behavioural changes. There is a need for tolerance, compassion, care and support for people living with and/or affected by HIV/AIDS.

On behalf of His Excellency the President and people of the Gambia, I wish to express our gratitude to our partners in the fight against AIDS and to thank the organizers and sponsors of this high-level meeting on HIV/AIDS.

Let me end by saying that we have a good understanding of the nature of the pandemic and what we need to do to combat it and reduce its negative impact on development. What we need now is concerted and sustained international support and cooperation to win the battle.

The Acting President: I now give the floor to His Excellency Mr. Balaji Sadasivan, Senior Minister of State for Foreign Affairs of Singapore.

Mr. Sadasivan (Singapore): It is now 27 years into the HIV/AIDS epidemic. Also, we stand at the halfway point in our quest to halt, and begin to reverse, the spread of HIV/AIDS by 2015. Despite substantial progress so far, we still have a long way to go. HIV/AIDS remains an ongoing challenge for Singapore. The HIV prevalence in our resident population is low, at about 0.1 to 0.2 per cent, but we have seen a 33 per cent rise in people newly diagnosed with HIV/AIDS over the past three years. Clearly, there is no room for complacency.

To better coordinate a broad-based and inclusive response across the different sectors of our society, Singapore has set up a high-level multisectoral national HIV/AIDS policy committee, which I chair. One of the committee's major achievements has been in successfully coordinating and scaling up the implementation of HIV education programmes across different sectors. We have introduced an enhanced school-based education programme on sexually transmitted infections and HIV in almost every secondary school in Singapore. HIV education in workplaces is being scaled up. Education targeted to specific at-risk groups, such as high-risk heterosexual men and men who have sex with men, has increased. We have also introduced new educational programmes to tackle HIV-related stigma and discrimination.

More than half of our HIV patients are diagnosed only when they are in a late stage of infection. We have thus been ramping up our HIV testing messages and initiatives. We have introduced the use of non-invasive or minimally invasive rapid test kits in primary care clinics throughout Singapore, so as to make HIV testing more easily accessible to the population. Several of our public-sector hospitals have also begun doing opportunistic provider-initiated HIV testing for their inpatients. In the last two years, we have implemented an enhanced positive prevention programme for newly diagnosed patients, to help them adopt safer sex behaviours.

The main mode of transmission of HIV in Singapore is through unprotected sex with an HIV-infected person. Our first line of defence against HIV is therefore to educate our population on how they can protect themselves. However, once they are infected, we counsel them and expect that they will take measures to protect their partners.

The Infectious Diseases Act is the main legislation governing the control and prevention of infectious diseases in Singapore. Under the current Act, a person who knows he is HIV-infected is required to inform his sexual partner of the risk of contracting HIV from him, prior to sexual intercourse. However, this law is contingent on a person knowing that he is HIV-positive. Despite the easy access to HIV testing in Singapore, we estimate that for every known HIV case there could be another one or two persons who are infected but undiagnosed. This group of individuals may continue spreading HIV unknowingly for many years before they are diagnosed.

We have therefore amended the Infectious Diseases Act so that a person who does not know that he is HIV-infected but who has reason to believe that he may be infected or has been exposed to a significant risk of contracting HIV infection must take reasonable

precautions to protect his sexual partner, such as using condoms. Alternatively, he can go for a HIV test to confirm that he is HIV-negative. If he does not wish to do either, he must inform his partner of the risk of contracting HIV from him, leaving his partner to voluntarily accept the risk if he or she so wishes. We hope that this amendment will greatly encourage the use of condoms and promote regular HIV testing for those who are at risk of infection. We also want to send the strong message that no one has the right to put another person at risk through his own irresponsible, high-risk behaviours.

Singapore remains deeply committed to the fight against HIV/AIDS. We have allocated an additional $27 million over the next three years to strengthen our education programmes, especially for our at-risk populations; to support HIV testing efforts; enhance the clinical management of our HIV patients; and build up our surveillance and monitoring systems.

Singapore reaffirms its commitment to the global fight against this disease and will continue to work with other countries to protect lives and relieve suffering caused by this epidemic.

The Acting President: I now give the floor to Her Excellency Ms. Lidieth Carballo Quesada, Acting Minister of Health of Costa Rica.

Ms. Carballo Quesada (Costa Rica) (*spoke in Spanish*): We are gathered here today because of our strong commitment to fight a pandemic that continues not only to cause sorrow and death, but also to frustrate aspirations and dreams. All nations, some more than others, are afflicted by this human tragedy that also affects the social and economic development of our peoples. The world has already set the goal of reducing the negative impact of the social and economic consequences of HIV/AIDS. But, this must be a commitment of solidarity.

I am here today to express the need to tackle this fight together: persons living with HIV/AIDS, their families, States, the international community, international organizations, international financial institutions and civil society must all join our efforts to address this scourge. In this united fight we cannot exclude countries simply because their macroeconomic indicators are expressed in numbers that are often inaccurate and that do not reveal the reality hiding behind those overall national averages.

Costa Rica has been advocating in international forums for a new approach to international cooperation and official development assistance (ODA). Many here have probably already heard of the Costa Rica Consensus, through which we urge donor countries and international organizations, including the international financial institutions, to respond to the needs of middle-income countries, in particular those that have shown a real commitment to the human development of their peoples. Through this initiative my country intends to change the current approach to international cooperation and ODA, which currently penalizes those countries that are working to comply with their international obligations and commitments.

Today we call upon the Global Fund to Fight AIDS, Tuberculosis and Malaria, to devote attention to the needs of countries like Costa Rica, which are acting in accordance with their lofty mandate and spirit of work, and to support the enormous efforts undertaken by countries like mine to fight HIV/AIDS. We need the support of the international community if we are to address and provide an effective response to this pandemic.

The criteria that the Global Fund has been using to implement the allocation of resources for cooperation is based on indicators that, in the case of middle-income countries, reveal a prevalence of HIV higher than 1 per cent of the total population or of 5 per cent in vulnerable populations. The Global Fund was established to finance a radical change in the approach to the fight against HIV/AIDS, tuberculosis and malaria. With the support of donor countries and international organizations, middle-income countries could intensify prevention strategies to provide a stronger and more effective response to those diseases. Given the socio-epidemiological characteristics of HIV/AIDS, no country should be excluded from a comprehensive and inclusive response.

My country has achieved significant progress in its response to HIV/AIDS. Among the most important developments achieved, I would like to highlight the adoption of our national policy on HIV/AIDS 2007-2015, the update of our national strategic plan 2006-2010, the adoption of a national plan on monitoring and evaluation of the national response 2007-2010, and the drafting of a new comprehensive law on HIV/AIDS, which is currently in the Legislative Assembly. All of those instruments and tools are part of the efforts undertaken by my country to respond to

the epidemic within the overall framework of universal access.

In addition, we have joined efforts in drafting the national monitoring plan with a focus on the second generation 2007-2010 and the development of a national research plan on HIV/AIDS, and set in motion the first study for the assessment of national expenditures and a rational allocation of resources for the national response to HIV/AIDS from 1998 to 2006. That evaluation will allow for a better and more efficient allocation of resources from our budget towards the implementation of ongoing national programmes and activities to respond to the epidemic vis-à-vis pending and future actions to develop.

That inclusive and preventive approach towards HIV/AIDS has also been implemented as a cross-cutting pillar in the curriculums of the education programmes prepared by our Ministry of Public Education in order to increase the population's timely awareness of the issue.

I would like to conclude by reiterating that the fight against HIV/AIDS is the responsibility of all of us. As former Secretary-General Mr. Kofi Annan said in 2003,

> "We have come a long way, but not far enough. Clearly, we will have to work harder to ensure that our commitment is matched by the necessary resources and action. We cannot claim that competing challenges are more important or more urgent. We cannot accept that 'something else came up' that forced us to place AIDS on the back burner. Something else will always come up." (*A/58/PV.3, p. 3*)

HIV/AIDS must always be the first item on our political and practical agenda.

The Acting President: I now give the floor to His Excellency the Honourable Wesley George, Parliamentary Secretary of Trinidad and Tobago.

Mr. George (Trinidad and Tobago): My delegation is pleased to be participating in this high-level meeting to review the progress achieved in realizing the commitments made in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We wish to thank the Secretary-General for his very informative report on progress towards realizing our commitments globally.

This meeting affords us an opportunity to outline the progress that we, the Republic of Trinidad and Tobago, have made in that area. It is our expectation that, during the course of these two days, we will benefit from learning about the new and innovative ways that other nations have used to combat those challenges that we continue to face in our struggle with the pandemic.

My delegation aligns itself with the statement made by the Honourable John H. Maginley, Minister of Health of Antigua and Barbuda, on behalf of the Group of 77 and China, and with the statement made by the Honourable Denzil Douglas, Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

Permit me to outline the major points concerning our epidemic. As of December 2007, 18,735 cases of HIV infection were reported to the National Surveillance Unit. The gender breakdown is 58 per cent male and 42 per cent female.

Heterosexual intercourse continues to be the main mode of transmission among newly diagnosed cases. There is a trend towards the feminization of the epidemic. Of the newly diagnosed HIV cases, 53 per cent occur among females. In the case of new infections in the age group 15 to 24 years, females comprise 74 per cent.

The modalities used by Trinidad and Tobago in the management of its HIV/AIDS programme are as follows. A National AIDS Coordinating Committee (NACC) has been established to manage the response to the epidemic. The NACC is multisectoral in composition and includes persons living with HIV, representatives of relevant public sector agencies, faith-based organizations, other civil society groups and the private sector. The NACC is administered through the Office of the Prime Minister. The national response is funded principally through budgetary support from the Government of Trinidad and Tobago, a World Bank loan and a grant from the European Union.

There is ongoing support from the Central Statistical Office to the national HIV response. A number of research studies, including a national knowledge, attitude, practice and behaviour household study, provide the baseline information that informs the Government's policies and programmes.

The goals of the five-year national strategic plan are to reduce the incidence of infection and to mitigate the negative impact of HIV/AIDS on infected and affected persons alike in Trinidad and Tobago. The strategic plan is founded on the pillars of inclusion, sustainability, accountability and respect for human rights. The five priority areas of the strategy are prevention, treatment, care and support, advocacy and human rights, surveillance and research, and programme management, coordination and evaluation.

I will now highlight some of the major achievements of my country's HIV/AIDS programme. HIV testing is available at all public health-care facilities, and there are 88 sites offering same-visit HIV/AIDS testing results. Since April 2002, antiretroviral therapy has been offered free of charge to all persons living with HIV. As of 30 April 2008, 5,292 persons have accessed the treatment and care programme, of whom 2,687 are on antiretroviral therapy. The ratio of AIDS to HIV was 1 to 15 in 2005, 1 to 14 in 2006 and 1 to 13 in 2007. AIDS-related deaths have declined 15 per cent from 2005 to 2007, mainly because of the availability of antiretroviral therapy.

The prevention programme for mother-to-child transmission of the virus promotes the testing of pregnant women. As a consequence, infants are diagnosed earlier using the dry blood spot method. There was a decline in the rate of transmission from mother to child from 20 per cent in 1999 to 3 per cent in 2007. A pilot project has been established for home-based community care and support for persons living with HIV.

The Ministry of Labour, Small and Microenterprise Development, in collaboration with the International Labour Organization, has developed and is in the process of implementing a national HIV policy and programme for the workplace. An information technology platform has been developed to link the health-care system, which enhances data management for the purpose of surveillance. A multidisciplinary training centre has been established to support capacity-building. The centre is sponsored by the Government of Trinidad and Tobago and supported by the University of the West Indies and other regional and international agencies.

The Government of Trinidad and Tobago has focused on the provision of awareness programmes to educate its populace on HIV and AIDS, particularly on HIV/AIDS prevention. There is Government support for non-governmental organization outreach, projects and programmes. One such project is the campaign on HIV prevention entitled "What's Your Position?", inviting people to reflect on their stance on HIV/AIDS: abstinence, faithfulness, condom use, the HIV test, or education. The Government has also integrated HIV education into its health promotion and wellness trust.

In the interest of time, I have sought only to highlight the progress achieved by the Government of the Republic of Trinidad and Tobago in combating the epidemic. The national response continues to be galvanized by the political will of the leadership to meet its commitments. It is in that regard that the National AIDS Coordinating Committee was launched and continues to operate under the aegis of the Office of the Prime Minister, to which it is accountable.

In closing, permit me to express my thanks for the opportunity to participate in this meeting, the benefits of which will enrich our national approach to fighting this epidemic.

The Acting President: I now give the floor to His Excellency Mr. Mark Dybul, Assistant Secretary of State and United States Global AIDS Coordinator of the United States of America.

Mr. Dybul (United States of America): The United States welcomes this opportunity to express its commitment to effective partnerships in the fight against HIV/AIDS. We thank the Secretary-General and his staff and we thank Mr. Peter Piot, who has led the Joint United Nations Programme on HIV/AIDS since its creation and has been a catalyst and global leader for the progress we have begun to make in recent years.

Today, while much remains to be done, the sceptics have been proven wrong. Millions of people are receiving life-sustaining antiretroviral treatment and many millions more have benefited from prevention and care programmes.

Over the past five years, the American people, through the President's Emergency Plan for AIDS Relief, are meeting their commitments, providing $18.8 billion — well over the $15 billion originally announced. We are on track to support countries in reaching accountable and transparent results.

But we should not overlook the lessons that that success provides beyond the fight against one disease. The unprecedented progress on HIV/AIDS should be understood as part of a larger global health and development agenda. It represents what President Bush has called a new era in development.

The global effort to combat HIV/AIDS has been the first in the history of global public health to build and maintain the infrastructure to prevent, treat and care for a chronic disease. That infrastructure can — and must — be a platform for an expansion of general health and development. The lessons we have learned implementing HIV/AIDS programmes are relevant to health and development as well.

We have a responsibility to make sustained progress towards fulfilling the promise of the Paris Declaration on Aid Effectiveness and the Monterrey Consensus to promote and support country ownership. Moving past a failed and flawed era of donors and recipients, we are entering this new era in development based on partnership between equals. In fact, it is a partnership in which international partners must acknowledge their role as the junior partners to the countries we are privileged to support.

That does not mean there is one approach to financing; it means there is one national strategy for development and health — a strategy that supports all sectors — and we support national strategies through varied but coordinated mechanisms. As we have, together, taken on the mantle of leadership in new models of effective implementation, we should take on the mantle of leadership pushing all of development towards country ownership.

At the heart of support for country ownership is support for local people, families and communities. It is otherwise ordinary people, working in their own communities, who have irrevocably shattered the pernicious and paternalistic myth that people in resource-poor countries could not manage complex, chronic prevention, care and treatment programmes on a national scale.

When we have put our trust in those countless heroes and foot soldiers of compassion — from government and non-governmental organizations, faith- and community-based organizations and the private sector — that trust has been repaid many times over. Persons closest to their communities have taken ownership of their lives and combated HIV/AIDS one person at a time. Persons living with HIV/AIDS have contributed so much by standing up to be counted with courage and strength. All have demonstrated that people everywhere, regardless of social, economic or HIV status, care about and have pride in themselves, their families, their communities and their nations. We must believe in them because, as one community health worker put it, what they do, they do out of love.

Five years ago, sceptics said treatment was not possible in resource-limited settings, and we have proven them wrong. Now, the sceptics say we cannot build health systems by focusing on specific diseases with definable outcomes. We are distracted by debates about vertical and horizontal programmes, and once again we are proving sceptics wrong. We are proving them wrong by going about the serious and sober work of building health systems for prevention, care and treatment — human resource systems, logistics, communications and supply chain systems. The data are showing that those structures and foundations are contributing to health and development in general: enhancing antenatal care, sexually transmitted infection screening and other areas of work.

By saving lives through HIV prevention and treatment, heroic implementers provide the greatest hope for orphans by preventing them from ever becoming orphans and so give them a greater chance for life and happiness. But they have also given hope to those already orphaned or made vulnerable by HIV/AIDS through education, food and shelter and a place to call home. It is therefore not surprising that we are starting to see the fruits of all those labours in the most important of general health outcomes: decreases in infant mortality and increases in life expectancy.

As we look forward, perhaps the greatest need and opportunity we face is to take the next quantum leap in prevention. We need to acknowledge that HIV prevention is chronic disease management, just like treatment. We must walk with people from a very young age to the time they are beyond risk, keeping messages fresh and alive. We need to develop "combination prevention" to parallel the intensity, focus and success of combination antiretroviral treatment, integrating social behaviours with proven scientific and medical methods. Together, we can push prevention to the next level and ensure that we begin the generational approaches that are necessary for an HIV-free generation.

As President Bush often says, to whom much is given, much is required. Let us therefore rededicate ourselves to meeting the commitments we have made and, most of all, to supporting the leadership of the people in the nations we are privileged to serve in an openness of spirit, friendship and partnership. They have taught us that, working together, everything is possible.

The Acting President: I now give the floor to Mr. Serhat Ünal, special representative of the Prime Minister of Turkey.

Mr. Ünal (Turkey): Allow me to convey, at the outset, my distinct pleasure and honour in addressing this impressive gathering of senior statesmen, policymakers, experts, scientists, academics, industry representatives, political observers and civil society representatives in my capacity as the special representative of Turkish Prime Minister Erdoğan.

My Prime Minister was very much looking forward to attending this landmark meeting. He has unfortunately been held back by other matters of pressing urgency and therefore asked me, as an expert on the frontlines, a professor in medicine and founder and head of the Turkish AIDS Prevention Society, to represent him before the Assembly as his special envoy.

HIV/AIDS is not only a health issue, but a matter of human security. As such, the fight against the pandemic is very much part of the global efforts to achieve the Millennium Development Goals and thus defeat poverty, ensure gender equality, prevent discrimination and secure the universal application of human rights.

Turkey has a population of 70 million people. Geographically, it is located between regions where HIV/AIDS levels are increasing. According to the figures provided by the Turkish Ministry of Health, the number of HIV-positive cases, as at November 2007, is 2,920. Male patients constitute approximately 70 per cent of that total.

Although we have a relatively small number of HIV-positive cases, we are concerned that the following factors could have the potential to contribute to an increase in that number: the young population of Turkey; general lack of awareness of sexually transmitted diseases; a rise in intravenous drug usage; an influx of commercial sex workers; and the high number of Turkish men working abroad. We too must therefore be vigilant.

In 1985, with the diagnosis of the first case in the country, a comprehensive reporting system was established, including a coding system for HIV/AIDS. We have an important range of preventive measures in place. HIV testing and treatment is free of charge. Serological testing for blood, tissue and organ donors, registered sex workers and patients who undergo major surgical operations is mandatory. In 1996, the National AIDS Commission was established in order to carry out countrywide activities. The Commission continues to work on the issue with 35 representatives from State institutions, universities, non-governmental organizations and the United Nations system.

The current national strategic plan on HIV/AIDS lays out our national strategies from 2007 to 2011 to enhance our activities in the fields of prevention and support, voluntary counselling and testing, diagnosis and treatment, a supportive environment, monitoring and evaluation, social support and intersectoral collaboration.

There is no problem in Turkey with respect to the diagnosis and treatment of HIV/AIDS patients. We have achieved universal access for more than 90 per cent of patients. Nevertheless, challenges remain, such as insufficient preventive services for vulnerable groups, an increasing number of unregistered commercial sex workers, intravenous drug users and high treatment costs.

Our domestic efforts, I believe, are therefore quite sufficient and satisfactory, given the low incidence of HIV/AIDS cases. However, we realize that we should exert more efforts to maintain solidarity and cooperation with those countries less fortunate than ourselves, in terms of both economic capability and the burden of HIV/AIDS.

The total amount of Turkish humanitarian assistance since 2005 has exceeded $250 million. In addition to that, the combined official and private sector development assistance provided by Turkey in 2006 amounted to $1.7 billion. While official figures for 2007 have not yet been published, our combined official and private sector development assistance is expected to be around $2.5 billion.

It is evident that Turkey needs to channel a portion of that aid to the global fight against

HIV/AIDS. We need to review our existing foreign aid programmes so that we can also assist the countries that are facing the threat of HIV/AIDS. I want to assure the General Assembly that we will look into our programmes once again with that priority in mind.

In that regard, we are grateful to the Secretary-General for his recent report. We also thank the Commission on HIV/AIDS and Governance in Africa for its report entitled "Securing our future". Both reports constitute a road map that we should all follow if the danger of HIV/AIDS is to be contained and then eradicated. At the same time, we must also respond to the hopes and expectations of all patients by providing effective treatment.

I would like to thank everyone who took part in the organization of this important and timely meeting. The high-level participation is indeed tangible proof of our determination to cope with the immense challenge.

The Acting President: I now give the floor to His Excellency Mr. Juan Carlos Nadalich, Deputy Minister of Health of Argentina.

Mr. Nadalich (Argentina) (*spoke in Spanish*): My delegation wishes to align itself with the statements made by the Minister of Health of Mexico on behalf of the Rio Group and by the Minister of Antigua and Barbuda on behalf of the Group of 77 and China. In the interest of saving time, I shall highlight the main aspects of my statement, which is being circulated in the Hall.

We would like to thank the Secretary-General for his update on the progress made at the national level in the implementation of the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. In that regard, we believe that we need to join our efforts even more closely towards the achievement of universal access to prevention, treatment and care by 2010. From a legal point of view, in Argentina the right to health has been a constitutional right since 1994 with the incorporation of international human rights declarations, conventions and covenants into the national constitution. We must continue working to remove the legal barriers that undermine our people.

Our country maintains that the right to health has precedence over commercial interests and that intellectual property rights do not and should not prevent the adoption of measures to protect public health. In that respect, in 1990 our country was one of the first countries in the region to have enacted legislation on AIDS to control the pandemic and explicitly defines the responsibility of the State to guarantee comprehensive treatment and ensure confidentiality for persons living with HIV/AIDS.

At the level of administration, Argentina has been increasing its investments in order to meet the goal of ensuring national financing plans and strategies on the HIV/AIDS pandemic. In that regard, we have included in the national health budget considerable resources amounting to $80 million for the fiscal year 2008. To that, we may add some $15 million allocated by the social security administration and health providers for the people living with HIV/AIDS, and approximately $5 million by the external financing of the Global Fund project.

We have been making great strides in identifying indicators demonstrating that we have been able to stop and begin to reverse the epidemic, with the active and visible participation of all of the players, and by prioritizing populations in situations of increased vulnerability, as well as children, youth and women.

With regard to the commitment to comprehensive treatment for persons living with HIV/AIDS, Argentina guarantees universal access to diagnostic studies and follow-up, as well as antiretroviral drugs and drugs for opportunistic diseases. Thus, access to medication has been fostered and sustained through a quality generic drug policy and through active participation in joint bargaining with other countries in the region vis-à-vis the pharmaceutical industry so as to bring down costs. In that framework, we also consider it a priority to optimize strategies to improve access by individuals to both diagnostic studies and treatment without neglecting social integration strategies and the right to development, which engender a better quality of life.

Gender perspectives and identity have been taken into account in the national HIV/AIDS policies, with special focus on pregnant women living with HIV, 87 per cent of whom receive treatment to prevent mother-to-child transmission. In that regard, their partners are also included in the prevention and treatment.

Furthermore, we acknowledge as populations in situations of increased vulnerability sex workers, the transvestite and transsexual community, the homosexual community, men who have sex with men,

the migrant population, aboriginal peoples, people living in poverty, women, children, adolescents, drug users and prisoners. The active participation of those communities helps to prevent invisibility or discrimination from threatening their right to health and to make prevention of the epidemic more difficult.

We reaffirm the central role of the joint effort among the various actors and at the regional level in order to improve the quality of life of persons with HIV/AIDS by moving forward in key areas, such as the promotion of and access to condoms, the implementation of testing with counselling, steps to reduce discrimination in the health system and society as a whole, and all of the other prevention and risk-reduction tools that contribute to a better quality of life for the population.

In that regard, we would like to end by reaffirming that, with HIV/AIDS, fragmented responses cannot be effective. If they are to be effective, policies must be inclusive, multisectoral and multidisciplinary. We also consider it key to call upon all levels of Government to work in a coordinated way among themselves and with civil society. We also call upon international organizations to continue to consider the countries in our region as a priority in combating the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency Mr. Adam Fronczak, Deputy Minister of Health of Poland.

Mr. Fronczak (Poland): At the outset, allow me to thank the Secretary-General for his excellent report (A/62/780) on the progress the international community has made in the fight against the HIV/AIDS epidemic and the challenges that are still ahead.

Poland fully associates itself with the statement made by the representative of Slovenia on behalf of the European Union. Here, I would like to share some thoughts from our national perspective. The Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS adopted five years later have become the foundation for the global progress achieved in the fight against the HIV/AIDS epidemic. Thanks to those documents, the need to respect human rights in the context of the epidemic has been underlined and has gained greater importance. Partnerships, on both the national and international levels, and the involvement of various stakeholders, including people living with HIV and civil society, are thus very important in the fight against the epidemic.

Allow me to speak about the progress that has been achieved in Poland in seven years of implementing the Declaration of Commitment on HIV/AIDS. In Poland, the epidemiological situation can be described as stable. That is beyond doubt the result of having taken action early enough at the governmental level, but also due to a broad collaboration between the Government and numerous non-governmental organizations. Since the very beginning of the epidemic, the Minister of Health has provided financial support to non-governmental organizations to implement prevention programmes and programmes aimed at reducing the negative effects of the epidemic. Since 2001, the number of these non-governmental organizations has grown considerably.

In the fight against HIV/AIDS, Poland fully supports and implements the Three Ones principle. Within the Polish Government, the Minister of Health, represented by the National AIDS Centre, is responsible for combating the HIV/AIDS epidemic. Since 1994, successive versions of a national strategy on combating the epidemic have been implemented. At present, we are implementing the national programme for combating AIDS and preventing HIV infections for the period 2007 to 2011.

Allow me to now turn to some specific questions. No progress in fighting the epidemic can be achieved without universal access to diagnostics, antiretroviral treatment and comprehensive care for patients living with HIV/AIDS. Today I am pleased to recall that Poland was the first country in Eastern and Central Europe to offer free access to antiretroviral medicines and tests to monitor therapy, including genotyping.

Since 2001, the number of patients on antiretroviral therapy has increased by a factor of more than two and a half. At present, everyone who meets the medical criteria, including marginalized populations, people in penitentiary centres and asylum-seekers — overall, 3,500 patients — receives such treatment. The Ministry of Health has systematically increased the funds for the antiretroviral therapy programme. In 2007, total funds amounted to about $45 million.

In Poland, as in other countries, we struggle with the problem of limited financial resources. Nevertheless, the system for purchasing antiretroviral

drugs and drugs management monitoring, which was established in 2001 and has been developed by the National AIDS Centre ever since, has allowed us to optimize prices and to make the best use of the funds at our disposal.

In recent years, we have achieved important progress in terms of mother-to-child transmission prophylaxis. Thanks to the introduction of special information programmes and campaigns addressing pregnant women, we have managed to reduce the vertical infection rate from 25 per cent to less than 1 per cent. All pregnant women who are diagnosed HIV-positive are included in the mother-to-child transmission prevention programme. Our country successfully implements reproductive health programmes that enable serodiscordant couples to have healthy children. Specialists from Eastern Europe have repeatedly benefited from the Polish experience in that field.

In Poland, a great deal of attention is paid to respecting human rights and human dignity in the context of the HIV/AIDS epidemic. Activities related to the promotion of human rights are systematically implemented and developed. They include broad social consultations at all levels and activities aimed at providing people affected by HIV/AIDS with the option of benefiting from counselling on legal issues and at promoting a policy of equal opportunities for women and men.

As I have already mentioned, Poland is a country where there is a strong partnership between the Government and civil society. That collaboration is most visible in the implementation of prevention programmes, including the systematic development of a network of voluntary counselling and testing sites where one can take a free and anonymous HIV test and receive pre- and post-test counselling. In 2001, there were 11 centres, and now, in 2008, there are 26 sites, in all major cities nationwide.

Each year, in cooperation with numerous partners, including from the private sector, the National AIDS Centre conducts multimedia information and education campaigns. The target groups are chosen according to the epidemiological situation. When a campaign is concluded, its effectiveness is carefully analysed.

In Poland, we are pleased to support a growing commitment of the private sector to the fight against HIV/AIDS. Poland also actively cooperates with international organizations dealing with the issue of HIV/AIDS. In recent months, we have intensified our collaboration with the HIV/AIDS programme of the International Labour Organization.

I wish to underline that Poland has been systematically increasing financial resources destined to support countries particularly affected by the HIV/AIDS epidemic. Through almost 25 years of the fight against the epidemic, we have elaborated many good practices, which we willingly share with other countries.

Despite the unquestionable progress that has been achieved in our country in the fight against HIV/AIDS, we are well aware that there is still a great deal to be done in the process of implementing the Declaration of Commitment in Poland, as well as in other countries. The issue we should pay close attention to in the near future is the issue of HIV-Hepatitis C co-infection treatment, the intensification of educational activities for young people and scientific research.

Allow me to conclude by reiterating, on behalf of the Polish Government, our strong commitment to the fight against the HIV/AIDS epidemic and the problems of people affected by the epidemic and living with the virus. We will also continue our efforts to develop international cooperation in that regard. Poland strongly believes that only by joining the forces of all stakeholders will we be able to fulfil the commitments adopted in 2001 and save millions of human beings from the destruction caused by the epidemic itself and by its consequences.

The Acting President: I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Deputy Minister of Health of Cuba.

Mr. Estruch Rancaño (Cuba) (*spoke in Spanish*): No country has escaped the suffering caused by the HIV/AIDS pandemic. Today, despite the progress mentioned in the report of the Secretary-General (A/62/780), the world faces increasing poverty, the effects of climate change are more evident, we are seeing a worldwide food crisis and the pandemic is spreading mainly in countries with difficult economic and social conditions. It is in those countries that the most vulnerable population groups live, in destitute and marginal conditions, and it is those groups that represent the majority of the population affected by the epidemic.

Cuba believes that enjoying the highest possible level of physical and mental health is a basic human right, and consequently we attach great importance to the fight against HIV/AIDS, tuberculosis and malaria at all levels and in all parts of the world. We strongly support the need to guarantee treatment and universal access to the medicines and medical technology that are necessary to tackle the scourge, as well as to the development of a health-care system in communities for all affected, without discrimination of any kind.

It is not possible to understand how we can prevent a person from becoming infected with a sexually transmitted disease if he or she does not know how to read and write. It is impossible to follow a course of treatment without an adequate diet. The multisectoral Cuban programme for HIV/AIDS prevention and control was launched in 1986 by President Fidel Castro Ruz. It guarantees access to services to 100 per cent of the population and provides education, monitoring and research activities and antiretroviral treatment for all who need it, including such aspects as the right to employment, a salary and a differentiated diet, social and political rights, and free access to necessary medicines and medical services.

Cuba is subject to a tight economic, commercial and financial blockade by the United States of America, with unfortunate consequences for the health of the Cuban people, but it is addressing the pandemic in a positive manner.

The prevalence of HIV in the 15 to 49 age group is 0.1 per cent. Mortality rates have been reduced by more than 50 per cent in the past six years, and the number of those who have fallen sick has decreased by 42 per cent. In 22 years of epidemic, there have been only 32 cases of mother-to-child transmission, with one or two children per year suffering from a new infection, and the programme provides 100 per cent coverage to all Cuban women of childbearing age. Progress has been made in HIV prevention, fulfilling the commitment to reduce HIV prevalence in young people between the ages of 15 to 24 from 0.07 per cent to 0.05 per cent and increasing awareness programmes for young people by more than 90 per cent.

Analysing the Millennium Development Goals, I note that in my country, malaria was eradicated in 1967, the incidence of tuberculosis is 6.6 per 100,000 inhabitants, and in 2004, we received the World Health Organization (WHO) award through the Stop Tuberculosis Partnership secretariat for meeting our commitments.

Cuba does not have significant financial resources, but we do participate with heart and in a real and authentic way in comprehensive health programmes in 78 countries and in tuberculosis and HIV/AIDS programmes in various principal directions. More than 25,000 students from third world countries, mostly in Africa, Latin America and the Caribbean, now study medicine in Cuba. In more than 12 countries, our collaborators train young doctors in their communities. More than 35,000 Cuban doctors and other health personnel are located in more than 78 countries, and in some of the most difficult places in those countries.

Cuba has also entered into bilateral scientific agreements that make our vaccines and products accessible to brother countries. New vaccines against cholera and meningitis A-C are now being developed for African countries.

Cuba welcomes the major efforts that have been made by the United Nations, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund and others in this fight for life. We would especially like to recognize the Executive Director of UNAIDS, Peter Piot, and his entire team for their praiseworthy work.

I believe that the estimated financing required to tackle the epidemic in the world in the coming years, though necessary, is still inadequate and should enjoy greater support from the richest countries.

I conclude by recalling the Cuban delegation's statement here in 2001:

> "The only possible cure is to place all of the planet's boundless resources at the service of humanity without petty commercial interests or national selfishness. It is our responsibility to achieve this goal." (*A/S-26/PV.1, p. 21*)

Today, humankind needs greater unity and the globalization of cooperation and solidarity.

The Acting President: I now give the floor to Ms. Rigmor Aasrud, State Secretary of Health and Care Services of Norway.

Ms. Aasrud (Norway): I will limit my intervention to a few comments. The full text of the Norwegian statement is available in printed form.

AIDS remains a global challenge. Despite major progress in access to treatment, the epidemic continues to grow. AIDS is not over. Social drivers in our society are as hard to deal with as the virus itself. We are facing major obstacles in our efforts to find effective prevention measures. Powerful social and economic forces continue to make women and girls vulnerable. Many countries refuse access to clean needles for drug users. Reproductive and sexual health services do not attain an acceptable standard and are not available for young people. Services are not designed to deal with co-infection. National laws discriminate against people living with HIV and against key populations that are particularly at risk. Travel restrictions compromise the movement of HIV-positive people across borders, violating their rights and exposing them to risks without having any positive public health benefits. HIV-positive people continue to face severe stigmatization and discrimination in most countries of the world.

In Norway, people living with HIV are entitled to free treatment and care. Funding for HIV-preventive efforts is available. In 2001, a strategy for the prevention of HIV and sexually transmitted diseases was adopted, the fourth of its kind since 1986. The number of diagnosed HIV-positive people is low and estimated at 0.06 per cent of the population, a third of them women.

Harm reduction strategies are important and have greatly contributed to the low level of HIV infection among injecting drug users in Norway. We are witnessing an ongoing epidemic among men having sex with men. The situation with regard to HIV among injecting drug users is apparently under control, but it is still unpredictable and we are seeing an increase in HIV transmission among migrants in Norway.

Let me be clear — Norway is not free from discrimination against homosexuals, transsexuals, sex workers and injecting drug users. Persons living with HIV still face discrimination, both in the workplace and in health services.

Attitudes towards people living with HIV pose a major challenge in the fight against stigmatization and discrimination. A survey recently conducted in Norway shows that there has been little improvement in people's knowledge and awareness of HIV over the past 20 years. That is unacceptable and requires urgent attention. The Government, in collaboration with civil society and other key actors, is drawing up a new strategic plan to combat discrimination against and stigmatization of people living with HIV.

We must continue to combine our national and international efforts in order to change legal frameworks, behaviour and attitudes that discriminate. We still have a lot to learn together. Now is the time to scale up and target prevention strategies, using effectively what we know works, but also asking new questions and moving forward with better tools and approaches. Knowing one's epidemic is essential to acting on it and turning it around.

That is the focus for the Norwegian international response. We want to engage as a partner, not just as a donor or a Government, because this affects us all. We need to be in this fight for many years to come, to prevent HIV infection, to ensure quality treatment for all that need it, to safeguard the life quality of those infected and affected by the virus and to make society responsive. No country and no Government can do that alone.

The Norwegian Government has assumed special responsibility for delivering on the health-related Millennium Development Goals, through a global campaign spearheaded by the Norwegian Prime Minister. A major focus is on the need for well-functioning health systems, which are critical for bringing down child and maternal mortality and also critical for HIV and AIDS.

Scaling up the AIDS response and the response to the Millennium Development Goals must go together for maximum impact. That is a message that we will bring with us into the meetings on the Millennium Development Goals in September this year. But the response to HIV and AIDS will not be concluded in 2015. It calls for a new kind of global solidarity for many years to come.

The Acting President: I now give the floor to His Excellency Mr. Mircea Mănuc, Secretary of State of Romania.

Mr. Mănuc (Romania): In Romania, HIV/AIDS infection is viewed as a high public health priority. Strong support for prevention and treatment of this disease has been provided since the 1990s by all State institutions — the presidency, the parliament, the Government and the Ministry of Public Health — in

association with many international organizations and civil society.

Romania had a significant number of cases diagnosed in children at the beginning of the 1990s. Of a total of around 15,000 cases, more than 10,000 were in children under 14 years old. Among all the positive cases, 9,500 patients are still alive.

The epidemiological situation in Romania has been stable in recent years, with no major changes in incidence. Romania has a significant group of adolescents living with HIV/AIDS, who are in fact children who were infected in the period 1987-1990. The level of the epidemic is low, and there is no sign of concentration among vulnerable groups, despite high-risk behaviour identified among them.

Nosocomial transmission has been eliminated. Sexual transmission is prevalent, accounting for over 78 per cent of newly discovered HIV cases, followed by vertical transmission. Heterosexual transmission in adults is increasing. There is an overall increase in the number of HIV-positive persons who seek medical care and antiretroviral therapy.

The significant results obtained during the past decade in Romania in this area are a direct result of a multisectoral approach. Its elements include developing multi-year strategies in which both prophylaxis and treatment are included; involving all stakeholders — Government, civil society and patients association; providing universal free access to antiretroviral therapy; promoting adequate social support and better social inclusion; and building a political and financial international partnership with Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and pharmaceutical companies.

In its strategies, Romania has committed itself to provide universal access to prevention, treatment and care, together with social and economic rights. The social integration of patients is a common goal both for the Government and for non-governmental organizations. The rights of people living with HIV/AIDS, as well as those of people belonging to vulnerable groups, are guaranteed under national legislation.

But many things remain to be done. After January 2007, when Romania became a member of the European Union, we have faced new challenges in this field, such as cross-border migration of persons from high-risk groups and the limitation of non-European Union (EU) funding, while EU financing remains inconsistent. That is why Romania will increase its efforts to develop a comprehensive approach to the HIV/AIDS threat at the national and global levels.

Allow me to finish this presentation by expressing the hope that the next high-level meeting in this field will bring the same significant achievements for the majority of countries — or for all of them.

The Acting President: I now give the floor to His Excellency Mr. Hassan bin Mohamad Al-Attas, Deputy Director of the Fund for Development of Saudi Arabia.

Mr. Al-Attas (Saudi Arabia) (*spoke in Arabic*): I wish at the outset, on behalf of the Government and the people of the Kingdom of Saudi Arabia, to express deep appreciation to the United Nations system, to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to the Global Fund to Fight AIDS, Tuberculosis and Malaria for their pioneering role in spearheading the fight against this epidemic. I also thank Mr. Srgjan Kerim, President of the General Assembly, and his Office for their efforts in organizing this high-level meeting. I am certain that those efforts will be crowned with success.

The world is beginning to understand the great threat posed by HIV/AIDS. Worldwide, the epidemic has in fact been a major cause of death among a large segment of the active population between the most productive ages of 15 and 59, men and women alike. It has destroyed families and undermined human development, and it threatens poverty eradication efforts, programmes to benefit children and the economic and social development of States. That is why many countries have committed themselves to the fight against this scourge.

To be sure, some progress has been made in recent years in the fight against HIV/AIDS. But the epidemic has exceeded all forecasts, because the number of new cases testing positive for HIV exceeds that of patients being treated. Many countries and societies are thus paying a heavy price. The international community must therefore step up its efforts to put an end to the epidemic, to provide the necessary financial support and to strengthen the health-care sector in order to broaden the availability of preventive care. We must work quickly and more

effectively in order to avoid failure in attaining the goals that were set in 2001.

In spite of its low HIV/AIDS prevalence rate, thanks to the role played by sharia law and legislation, the Kingdom of Saudi Arabia understands the fatal nature of this scourge and since 1986 has been taking preventive measures. It has established a national programme based on its national strategy. Among its elements are health-care education and awareness-raising, safe blood transfusions and the provision of care for those affected. We are also cooperating and coordinating with regional and international organizations to combat discrimination against those affected, to preserve their human rights and seek to ensure respect for religious teachings and for the culture of our society as we engage in our efforts in those various areas.

Internationally, the Kingdom of Saudi Arabia has devoted particular attention to bolstering the health-care sector in developing countries. In a number of developing countries, the Kingdom has supported the establishment of 77 hospitals and 54 clinics and medical centres. We have also contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria: $10 million has already been disbursed. Recently, the Kingdom pledged an additional $18 million in support to the Fund, to be disbursed by the end of 2010.

Our peoples have high expectations of this high-level meeting and hope that its outcome and the decisions it adopts will make a major contribution to the attainment of the goals our leaders set in the 2001 Declaration of Commitment on HIV/AIDS and in the 2006 Political Declaration on HIV/AIDS. We need to enhance our commitment to those Declarations. We need to step up our efforts to attain their objectives.

I appeal to the Almighty to bring success to our collective efforts.

The Acting President: I now give the floor to His Excellency Mr. Maged Abdelaziz, chairman of the delegation of Egypt.

Mr. Abdelaziz (Egypt): It gives me pleasure to speak today on behalf of the African Group, and to start by associating the Group with the statement delivered by the representative of Antigua and Barbuda on behalf of the Group of 77 and China. I shall deliver an abridged version of my statement, focusing on the main elements in the version that has been circulated, which remains the official text of this statement.

HIV/AIDS represents a major challenge to the realization of the Millennium Development Goals by 2015. Recent progress is still insufficient to overcome the epidemic's continuing human toll. Expanded sets of data and methods of analysis indicate that although the rate of new infections has fallen globally, the number of new infections has increased in a number of countries, including in Europe and North America, as reflected in the report of the Secretary-General (A/62/780).

These alarming indicators truly pose a great challenge to international efforts to contain and reduce the spread of the epidemic, which threatens to become the third leading cause of death in the world by 2030. Africa has a particular concern in this regard, as it accounts for over 68 per cent of all adults living with HIV/AIDS, 90 per cent of the world's HIV-infected children and 76 per cent of AIDS-related deaths in 2007.

Undoubtedly, the realization of the goal of universal access by 2010, adopted through General Assembly resolution 60/262, requires addressing the need to strengthen national capacities to combat HIV/AIDS more effectively, especially in low-income countries, a matter that was clearly reflected by African heads of State or Government in their successive special summits since the year 2000, the latest of which took place in Abuja in 2006. It also demands support for the ongoing efforts of these countries to implement their national programmes and to engage in extensive awareness campaigns that aim also at correcting widespread social misconceptions.

More than 80 per cent of countries, including 85 per cent in Africa, have policies to ensure equal access to HIV prevention, treatment, care and support, which is only a first step towards the prevention of mother-to-child transmission. The response to co-infection, especially with tuberculosis, is growing, yet at a slower pace. These efforts are in dire need of large investments in capacity-building and of a reversal of the current direction of the brain drain from the developing to the developed countries. There is a parallel need to make first-line and second-line antiretroviral treatment available at reasonable prices. Many low-income countries, particularly in Africa, cannot afford to meet these requirements without a

strong commitment from international partners to narrow the widening gap between available resources and increasing needs.

It is also essential to enhance regional cooperation, especially in the light of the decision taken by the African Union in Sirte, Libya, in 2005 to establish an African centre that aims primarily at promoting cooperation in the fight against AIDS on the continent. The international community has a particular responsibility in this regard, not only to make available the necessary financial resources to ensure the sustainability of the response to HIV/AIDS, but also to reach sound solutions regarding the trade-related aspects of the intellectual property rights relating to existing drugs and microbicidal vaccines currently being researched and developed.

There has to be a comprehensive framework of cooperation that guarantees coordination among efforts led by national Governments and the private sector, non-governmental organizations and civil society at large, which have an important role to play, without any attempt to politicize the issue by imposing social or cultural concepts that do not take into consideration the particularities of different societies.

Equally, the prevention and combating of HIV/AIDS is substantially related to the comprehensive development process and, more important, to the issue of transferring know-how and technologies that are vital to reinforcing such efforts. That is particularly the case as regards the pharmaceutical industry, changing the social perspective vis-à-vis the epidemic and enhancing the chances of early diagnosis and treatment with the support of all societal forces.

Within the framework of the international commitment to combat the epidemic, more international efforts are needed in the fight against the illegal trafficking in narcotics and towards achieving the peaceful settlement of armed conflicts, particularly in Africa, as these contribute to draining the economic potential of the countries in which the epidemic spreads. They also contribute to the enlargement of socially marginalized sectors and lead to the growth of the number of orphaned children, who become susceptible to recruitment in armed conflicts, as well as to increased sexual violence and other violations that lead to the spread of infection among young people, women and children. Such negative ramifications also create further challenges to peacebuilding efforts in many post-conflict situations.

It is necessary to deal with the epidemic with vigour and a solid determination to implement fully what we have pledged to do in the Political Declaration on HIV/AIDS. We have to work sincerely to reinforce international and national structures and to furnish the necessary support, in a manner that maintains a balance among the need to improve services and ensure universal access as soon as possible, the provision of treatment and prevention, the need to increase assistance and the efficient utilization of resources, all with a view to achieving our goals, especially Millennium Development Goal 6, on the target date and in all States without exception. The present high-level meeting represents a valuable opportunity to reaffirm our commitments in that regard.

Let us not fail the generations to come.

I shall now speak briefly in my national capacity, and will highlight in this regard that the low rate of AIDS infection in Egypt, which is less than 0.005 per cent of the total population, is due mainly to deeply rooted cultural and social values that contribute to the control of extramarital relations between men and women in accordance with the precepts of divine religions.

Additionally, the Government has embarked on a comprehensive national programme since the discovery of the first cases of infection in 1986, cognizant that the real challenge lies in the ability to control the spread of the epidemic, especially in the light of the tourism influx and the large number of Egyptians working abroad. This challenge is being met side by side with the provision of care and support to people living with HIV/AIDS and their families and fighting any type of stereotyping and discrimination against them.

That is the integrated vision that Egypt would like to share with other countries should they wish to make use of the lessons learned in their efforts aimed at national capacity-building, as compared to other cases where prevalent social norms have become an obstacle to progress in dealing with this issue.

The remainder of my statement is contained in the text that has been distributed in the General Assembly Hall.

The Acting President: I now give the floor to His Excellency Mr. Ed Kronenburg, Permanent Secretary of the Ministry of Foreign Affairs of the Netherlands.

Mr. Kronenburg (Netherlands): Our goal is to curb the spread of HIV and to mitigate the impact of the AIDS pandemic, but to do so effectively, we need to take into account the following three preconditions: political courage, respect for human rights and an effective, pragmatic and inclusive approach. That powerful combination is a recipe for success. I will start with human rights.

Human rights are at the core of the foreign policy of the Netherlands. Human rights, as laid down in the Universal Declaration, apply to all people in all places at all times. They determine and protect our collective standards of human dignity. This implies that tradition, culture or religion can never serve as an excuse for not respecting people's rights, such as the sexual and reproductive rights of men and women. Sexual minorities like the lesbian, gay, bisexual and transgender communities have the right to be guaranteed a life free of discrimination.

Respect for human rights is also at the core of our actions on development cooperation. People and communities are not just recipients; they are also active participants. Human rights form the basis of our response to the AIDS pandemic.

AIDS activists have successfully claimed access to treatment as a human right, not as an act of charity. That strong and focused advocacy has helped transform our thinking on HIV/AIDS specifically. AIDS programmes need to respond to the specific needs of people and should not be based on judgements about gender, sexual orientation or behaviour.

As well as making human rights a starting point, we need to follow an effective, pragmatic and inclusive approach. We know that treatment can prevent mother-to-child transmission. We know that women with access to education, health and income are less vulnerable to HIV infection. It goes without saying that women should have access to means of protecting themselves, like the female condom.

We know that evidence-based comprehensive sex education at school, in combination with access to commodities, will avert risky behaviour, and we know that HIV testing is the starting point for treatment, changing behaviour and curbing the pandemic, as we know that an integrated approach to HIV and tuberculosis is essential.

We know that poverty reduction contributes to the reduction of inequities in all its features: income, education, employment, health status and vulnerability. We know that the meaningful participation of young people increases the effectiveness of HIV interventions. We know that sex workers who are empowered and have access to condoms and health services do protect themselves from HIV infection.

We know that greater involvement of and investment in the most affected groups, such as people living with HIV, migrants and prisoners, is crucial to an effective response, and we know that comprehensive harm reduction programmes are effective in preventing HIV transmission among injecting drug users. That implies needle exchange and substitution treatment. In that context, consistency in policies on drugs and HIV is essential not only at the country level but also throughout the whole United Nations system.

In addition to investing in proven interventions, we also have to invest in new and better prevention options, such as vaccines and microbicides, but respect for human rights and pragmatism — building on what works — is not enough to stop the spread of HIV.

It is great that we are all here today to join forces in the fight against HIV/AIDS, focusing on our collective target of achieving universal access in 2010. We have discussed the issues on the agenda on previous occasions. It is now time to act. Political courage remains the starting point for all our actions. It takes political courage to stand up for the rights of people living with HIV, orphans and those most vulnerable to HIV infection. It also requires courage to talk openly about sexuality, sexual relations, drug use and the need for gender equality. It takes political will to translate our words into action.

Respect for human rights, pragmatism and — above all — political courage are a powerful mix. Let us act now and do what we said we would do.

The Acting President: I now give the floor to Mr. Andrew Steer, Director-General of Policies at the Department of International Development of the United Kingdom.

Mr. Steer (United Kingdom): We thank the Secretary-General for his comprehensive report and we

also strongly align ourselves with the statement made last night by the European Union. Let me also commend the superb leadership of Peter Piot over the past 12 years.

Clearly we have much to be encouraged about, but the scale of the challenge facing us remains vast. The United Kingdom particularly welcomes the strong voice of this meeting for political and social mobilization to address gender inequality. The Millennium Development Goals (MDGs) that are most off track are those that rely on women's rights. We will not achieve MDG 6 if women's rights are not included as a central element in programmes to halt and reverse the spread of HIV.

Today, I should like to draw attention to four key areas where we feel that there is a need for all of us to improve our response.

First, we need to sharply increase investment in health systems. We believe that, if we are to achieve universal access, we need to expand access to effective and integrated service delivery across a range of health systems and other services, including scaling up services for populations most at risk.

While the overall response to AIDS must be multisectoral, we believe that the current global massive underinvestment in health in developing countries is fundamentally compromising efforts to tackle AIDS.

The new report by the Joint United Nations Programme on HIV/AIDS, the World Health Organization and UNICEF, "Towards universal access", agrees with that view. We support their analysis that weak health systems and services are likely to slow the further expansion of access to antiretroviral treatments.

Last week, the United Kingdom's Secretary of State for International Development launched the Department for International Development's updated seven-year strategy to halt and reverse the spread of HIV in the developing world. He announced that, in addition to the $2 billion commitment up to 2015 made to the Global Fund last year, the United Kingdom will invest a further $12 billion over the next seven years to strengthen health systems and services. Those unprecedented long-term pledges signal the level of our commitment as part of the international effort to achieve universal access.

Our investment will also enable us to increase our support for sexual and reproductive health services, crucial in expanded efforts to prevent new HIV infections, and working with others to reduce unmet demand for family planning by half by 2010.

Secondly, on the issue of rights, we join the Secretary-General's call to respond to the needs and rights of the most vulnerable and to develop a far stronger commitment to make services available to those groups. From the United Kingdom perspective, that particularly includes drug users, gay men, men who have sex with men, sex workers and prisoners. It also means meeting the needs of orphans and vulnerable children, particularly by scaling up social protection programmes.

There is a need for all of us to greatly increase our efforts to reduce the impact of stigmatization and discrimination, which still drive the epidemic in many parts of the world. National responses must enable those who are most affected to participate in the design, implementation, monitoring and evaluation of services and we believe it is important to translate existing human rights into specific protections for the key groups.

Young people must be an integral part of the solution. We know that 40 per cent of new infections are among young people in the 15 to 25 years age group. The Secretary-General's findings indicate continuing low levels of accurate knowledge regarding HIV among young people. It is essential that we recognize, not only their specific needs and rights, but also the vital contribution they can make to the AIDS response and enable their active participation.

We also see a need for greater coherence across the United Nations system and feel that the forthcoming special General Assembly session on HIV/AIDS, to be held in March 2009, must reflect more fully the issues regarding HIV and AIDS. We urgently need to move forward with far greater access to harm reduction programmes in all regions and trust this process will be kick-started before and during the special session.

Thirdly, making the money work harder and ensuring value for money means we have to use the considerable resources now available more effectively, working together in a harmonized way, strengthening partnerships — especially with non-governmental organizations and civil society — and greatly

improving our monitoring and evaluation. We do have a responsibility to ensure value for money and consider the sustainability of our response.

International partners need to support country-led AIDS responses and align behind national plans. It is vital that we do not fail to learn from the sometimes painful lessons learned in other sectors that will be reviewed in Accra in September. So let us ensure a country-led approach that is really inclusive, working closely with others in our response.

Finally, concerning the situation in our own country, the United Kingdom, we now have a low prevalence of HIV and AIDS as a result of the early introduction of harm reduction programmes, access to treatment, awareness campaigns and voluntary and confidential testing services.

But we, too, are faced with challenges such as encouraging earlier testing and addressing the stigma linked to HIV. We recognize that we can learn from the international responses and also share with others our good practice.

This meeting is an important opportunity to take stock, to be encouraged, to recognize how far we have to go and lift every effort that we can possibly muster to target the key issues that we are not yet effectively addressing.

The meeting rose at 1.15 p.m.